

THE MEDICAL AND SURGICAL REPORTER.

No. 1488.]

PHILADELPHIA, SEPTEMBER 5, 1885.

[Vol. LIII.—No. 10.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE SEASHORE AS A HEALTH-RESORT.

BY HUGO ENGEL, A. M., M. D.,

Professor of Nervous Diseases and Clinical Medicine at the
Medico-Chirurgical College of Philadelphia.

Be it typhoid fever, pneumonia, or any other acute or subacute disease, or any chronic complaint, which, not being based upon some structural lesion, has been cured by the skillful physician, we often notice, after the malady has happily ceased and convalescence begun in earnest, that a general debility remains, which is the worse and postpones the longer the greatly desired return to the active life of health, as the appetite does not seem to improve.

To the same class of cases also belong all those in whom a general lassitude and a disinclination to work have slowly developed themselves in consequence of mental overstrain or worry. And nowhere are such cases—of slow convalescence as well as those last mentioned—more frequently met with than in our large overcrowded cities.

For all these the best that can be recommended, is a change of air and scene. And here again, there is no place that can show better, more rapid and more lasting results than the seashore. A patient, who after having passed through an attack of some serious illness, might lie listlessly for weeks, ere gradually his strength returns, if he remain in the city, within a few days finds his appetite improved, feels once more the former elasticity in his limbs, when under the influence of the tonic sea-air.

For a better illustration let me cite two cases,

both good examples of what I desire to state. In a large Import-House of this city a number of petty thefts had occurred of late. Wishing to catch the thief, the manager of the concern, W. K., æt. 34, concealed himself one night in the cellar of the warehouse. An hour later a severe rainstorm broke out, the water accumulated in the cellar, and the manager, who had been clad but slightly, as it had been very hot the whole day and evening, had to sit for some hours with his feet immersed in water and feeling chilly from the cool, damp night air. Toward morning he walked home, to obtain a few hours' sleep. In rising late he felt stiff all over, and suffered from pains in the neighborhood of the right groin. The next day he had high fever, several chains of the superficial abdominal glands enlarged, and later, two of them suppurated. After a week's illness, he lapsed into a typhoid condition, and for five weeks he was seriously ill. When finally convalescence began, the patient, formerly a strong and healthy man, could scarcely move; though he greatly desired to resume his duties, he had not strength enough left to raise himself up in bed. For a whole week this state of debility continued without any abatement. Nothing seemed to give him strength; nothing to bring back his appetite, though he had all possible attention, a tonic and slightly stimulating treatment, and the most careful nursing. At the commencement of his convalescence, I had advised him to go to the seashore; but he did not like to lose any more time, and consoled himself with the hope of a speedy recovery at home. But when two weeks had passed by without any great change in his weakness, he assented to the proposal. Although

otherwise healthy and free from disease, he had to be assisted into the carriage which was to carry him to the depot, and in the cars we had to support him with pillows. Arrived at the seashore he at once sought his bed. He had evidently lost all hope of a speedy recovery. That occurred near 12 o'clock, at noon. Soon after he fell asleep and had the first healthy slumber since his illness. He did not awake until evening, drew in deeply the cool sea-breeze, drank a cup of bouillon with more appetite than he had shown for weeks, and then fell once more into a sound sleep, which continued without interruption till the next morning, when he admitted his feeling better. He rose, dressed himself, and walked without assistance to the dining-room of the hotel, where he ate with more relish than we had anticipated. To make the story short, I will say that he made the most rapid progress; a few days produced a great change in him. After a week's sojourn at the seashore, he might have resumed his duties, but he followed my advice and stayed there nearly two weeks longer, when he presented once more the picture of health and vigor. During these three weeks he gained 29 pounds, weighing, when he left, 6 pounds more than to his knowledge he had ever been weighing.

Ch. L—, *et. 23*, had been suffering for seven weeks from typhoid fever. After his recovery—though free from fever and from all other symptoms of his former disease—he remained for almost a whole month in an apathetic condition. He had no appetite, never asked for food, and looked with disgust at everything offered him. He took no interest in anything, and it was only with difficulty that he could be induced to sit in a chair, always preferring to remain in bed. Whenever he had been reclining in an arm-chair for the few minutes during which the bed was being made, he hastened back to the latter. Neither his young wife nor his only child, a handsome little boy of two years, could rouse him from his apathy. In this condition I saw the patient for the first time, and I at once advised his removal to the seashore. The same had been previously recommended to him, but probably not with sufficient authority and determination; I exaggerated his condition, and threatened him with a relapse if he did not obey; but on the other hand promised him a speedy recovery if he acted upon my suggestion. He assented, and left the next day. Three days later his wife wrote to me: "Charles walked with us on the beach yesterday and to-day. Though still easily fatigued, his ambition has returned, and with it his desire to live. This noon he

scarcely could wait for his dinner; we had to give him some raw oysters to satisfy the cravings of his appetite. Isn't that a change? . . . The sailing seems especially to do him good. O, how he, as well as we all, now regret his not going sooner!"

A week later I saw him, and scarcely recognized in the sunburnt and hearty-looking young man the debilitated individual of a week before. As the people were well to do, I induced him to stay a month at the shore, and when he finally came home, he was stronger and healthier than he had ever been.

I could multiply these cases many times. But not all sick persons obtain the same success. While the seashore is undoubtedly the best possible resort for patients of the kind mentioned, a sojourn there does harm in other cases. I have never known a case of articular rheumatism to do well there, neither will a person with a rheumatic diathesis be benefited by the sea air. Then individuals suffering from organic disease of the heart or of the large blood-vessels, or all such with a tendency to the formation of emboli or thrombi, or of minute aneurisms in the brain, become worse at the shore, either while there or soon after their return. Physicians often send patients to the coast who are still laboring under the more direct sequela of cerebral hemorrhage. Whenever there is reason to dread another attack, my advice is not to permit such individuals to visit the shore, for they invariably get worse.

No patient affected with morbus Brightii, or with cirrhosis of the liver, should sojourn near the ocean, for all these will soon find their symptoms to become aggravated. Those suffering from chronic malaria often improve when at the seashore during June, July, and August; but during the remainder of the year, as also during the months mentioned, if it rains a great deal, they should shun that climate. But the most cruel of all is the sending of tubercular patients to the seashore. During the first stage, it is true, they often seem to improve there, but as a rule their disease will make the more rapid progress after their return. And when softening has set in, death is only hastened if such patients remain at the shore.

Which classes of patients, then, the reader may ask, are benefited by a sojourn near the coast? As mentioned, all those who have passed through an acute disease, and while free from organic lesions, have entered upon their convalescence. All those suffering from a chronic malady, not based upon an incurable structural change of the organs of respiration or circulation, and not accompanied by an incurable cachectic state of the

blood. Then all those affected with atonic dyspepsia, with gastric catarrh, anemia (especially chlorosis), scrofula, the splenic variety of leucocythemia, or with the consequences of some accident or surgical operation. Further, the majority of the great class of nervous diseases (especially functional)—with the exception of those above enumerated, and of locomotor ataxia and all brain and spinal maladies in which periodical congestions to the nervous centres occur, or in which a rheumatic diathesis is the pathogenic element—and all children, either convalescent from acute diseases, suffering from cholera infantum, or laboring under some chronic malady, a cure of which is possible, and if not belonging to the category excepted. All these will obtain their health quicker if they stay for a time at the seashore.

It would be impracticable to mention all cases that will or will not be benefited by a sojourn near the ocean. As a rule, if it is the intention to tone up the system, to enrich the blood, to strengthen the nerves, and if professional knowledge and experience tells us that there is hope, if these conditions can be complied with, these intentions be fulfilled—all such rapidly improve at the seashore; while if an organic lesion or a cachexia indicates to us the certainty of a fatal issue, this is only accelerated by a residence at the coast. Then there are certain special diseases, as mentioned above, where the sea air will either aggravate or improve the symptoms. Thus, I have never known a case of acute or chronic disease of the liver to do well at the shore; on the contrary, such patients, if permanently residing there, are usually sent by the physicians living in the same locality to mountainous regions, where they are apt to improve. Muscular rheumatism may disappear under the influence of hot sea-baths, but the damp air, always more or less present near the ocean, can have only an injurious effect on the malady. Women, however, suffering from any of the countless symptoms that their sex is specially liable to, invariably receive the greatest benefit from a sojourn at the coast. Some bronchial catarrhs, as also nasal catarrh, and most, if not all, varieties of scrofula, do nowhere better than near the ocean. For these the best time of the year is the hot summer months, while for convalescents and nervous cases spring and autumn are preferable for a sojourn at the shore. Renal and biliary calculi become worse.

With the selection of cases, however, not everything is done. The question remains, which of the many seashore places shall we select for our patients?

During the summer months it probably makes no difference where they go. But during spring, fall, and winter, great care must be exercised in the selection of a suitable dwelling. The reasons for this are the following:

During the height of the season there is no danger of malaria, but during the remaining part of the year there are but few seaside resorts, if any, perfectly free from this dangerous poison. Then there are many so-called winter hotels which do not possess the least preparations against the inclemency of the weather. In such buildings convalescents are apt to become chilled, and their complete recovery in consequence is retarded and often prevented. One of the most serious dangers, however, such patients are threatened with at most of these "health resorts" (?) is to be found in the utter neglect of sanitary precautions. I have met with, for instance, the following: In the immediate neighborhood of the house was a large pool of stagnant water. During the hottest season this pool was apt to be dry, but after a rain and during the rest of the year it was not only filled with water, but a quantity of green scum accumulated on its surface, and the effluvia, of a sickening odor, slowly but continually ascended and filled the bed-rooms of the house with a nauseous air. In winter the pool changed to a small lake. As soon as ice had formed of sufficient thickness in this lake, filled with rotten, stagnant water, it was cut and preserved in the ice house of the hotel, to be used by the summer guests for the purpose of cooling their drinking water!

At another place, also at the seashore and not far from Philadelphia, a large tank had been sunk into the ground for the accumulation of rain-water. That this tank was not fully water-tight, could be surmised from the moist condition of the surrounding ground. Twenty steps from it the manure from the stable was kept, and ten feet from it a gutter carried the waste-water from the kitchen to some empty lots further away.

In another locality, if possible, matters even were worse. A tank containing rain water was kept on the roof. In every story was a water-closet, the closets of all three stories communicated with each other, and the opening of the last was not ten feet away from the but partly covered water-tank. The water from the latter had a peculiar odor and taste slightly reminding the drinker of its neighborhood. Diarrhoea and dysentery broke out (1881) amongst the inmates of the house; some of them were seriously ill. At my advice the water from the tank was used no more for drinking purposes, and as a natural con-

sequence the patients rapidly recovered and no fresh cases of disease occurred.

Certainly in all such cases it is the ignorance of the landlords that permits such a state of affairs. But ignorance here becomes a crime. That all such dangerous conditions may be avoided and that a perfect system of sanitary engineering can be applied to hotels, the following may be quoted in evidence: The Cape May Land Improvement Co. proposed to erect a hotel at Cape May Point, which was not only to serve as a "health resort" during the hot seasons, and as a safe place for guests during the cooler months, but which was also to be in the most perfect sanitary condition that knowledge and money could procure. The whole was left to Mr. A. H. Hamilton, their well-known manager, to execute. And what did he do? From the start he consulted a physician, an expert in such matters, Dr. Kirkpatrick, and besides he engaged the services of one of our best Sanitary Engineers, Gen. R. Thayer, that the laying and connection of sewer-pipes, the water supply, etc., might be directly under his personal supervision. It would lead us too far, in an article of this kind, to enumerate the elaborate and costly precautions which have been taken to secure to the "Cape-House" really perfect sanitary conditions. Special engines of over 100 horse power carry all sewerage far out into the sea; there is no possibility of any gases from the sewerage-pipes entering the building; and for drinking purposes only rain water is used, which is collected in large cedar-tanks and kept in continuous motion by a most ingenious mechanism. In every room there is an open grate and steam-heating; the gas is so arranged, that from the Argand burner no odor can escape into the room; all the windows are double and provided with inside shutters, and the verandah encircling the house is covered during inclement weather on all sides with glass, to prevent any harsh air from passing directly into the building. Special precautions have also been taken to avoid any odor from the kitchen ascending into the interior of the house, while the waste water at once leaves the sink and is carried by iron pipes a long distance away to a reservoir, where it is connected with the pumping-machinery and whence it descends into the sea. But not satisfied with all this, Mr. Hamilton, when everything was finished, invited many eminent members of the profession, especially those having made a special study of hygiene, to inspect the house and to criticise or suggest improvements. Where so many experts congregated, it was but natural for some corrections to be proposed, and

all the alterations, then recommended, were at once made, or at least, if they needed a longer time for their execution, commenced while the medical visitors were still present. When wealthy companies thus endeavor to satisfy the just demands of modern medical science, praise should not be withheld. To-day the Cape House at Cape May Point stands there as the hotel with the most perfect sanitary arrangements of any house on the whole coast. Within its precincts it is an impossibility for anybody to contract an infectious disease, due to bad drainage, ventilation, or any other neglected hygienic conditions.

But if one building can secure this freedom from obnoxious gases, why should not others? The fault is often with physicians, for they ought not to permit their patients to go to any "health resort" for a shorter or longer sojourn, except they are convinced from personal inspection that the sanitary arrangements of the house are perfect. Whenever they find them deficient, they should draw the attention of the owner to this deficiency, and if not remedied, caution their patients against a residence at such a place. If this should invariably be done, how long would it take to insure to every hotel freedom from infectious air? For the want of this foresight many a patient has been sent to a premature grave.

In the same manner physicians ought be careful, during the cooler seasons of the year, not to allow their patients to visit the seashore, unless they stop at a real winter hotel, i. e., not only a house which is simply open all the year round, but one where special preparations have been made against cold weather. In such a building there should be double windows with inside shutters, open grate and steam-heating, and a verandah provided with tightly-closing windows all around. It is not enough to make a fire in a little stove and to give the patient an extra blanket, while the thin wooden walls and the shaky windows let the cold and damp air enter from all sides. The house must be heated all through, and this cannot be done with a few small stoves. Persons sent by physicians to the seashore are more or less ill; they have not the normal resistance of healthy individuals to harsh and suddenly changing weather.

If physicians would only insist upon a strict fulfillment of the demands of hygiene and sanitary science in every building recommended to their patients as a suitable residence at the seashore, a few years would see a mighty change. It is probable that many houses would have to be torn down, and that many a hotel-keeper would

have to seek another business to make a living; but our patients, when leaving their comforts at home with the view of obtaining vigor and health, would really achieve their object, and not return, as now frequently occurs, in a worse condition than that in which they left. Landlords ought to be made to feel that guests also have some rights, and that more is necessary for a "health resort" than nailing together a few boards, partitioning them off in as many rooms as possible, putting common deal furniture in, with a bed as hard as stone, and charging an exorbitant price for these "conveniences." Should physicians, however, act as suggested, and strongly recommend only houses where the advice of the profession has been adopted, all seaside hotels will really be what they ought to be: Health Resorts.

Before sending, therefore, a patient to the seashore, we must first determine whether his condition is such as to be benefited by a sojourn there. Next, we judge whether the season is favorable for him. Finally, we ought to select a residence where he will not be exposed to any danger from bad drainage, etc., and if during spring, fall, and winter, where special preparations have been made against inclement weather. These precautions taken, physicians will not be disappointed in the results obtained; they may foretell their patients the great advantage which they will derive from the change of climate, and thus again one of the uncertainties will cease, which have brought medical advice—occasionally not without just cause—into disrepute.

507 Franklin St., Phila., Pa.

CLINICAL MEDICINE.*

1. Rheumatism Terminating in Suppuration. 2. Constant Pain in Sacrum; Spermatorrhœa. 3. Post-Partum Hemorrhage. 4. Chronic Eczema of Face, Ears, Neck, and Ankles. 5. Syphilitic Iritis. 6. Asthma. 7. Inveterate Ozœna.

BY JAMES GUILD, M. D.,

Of Tuscaloosa, Alabama.

I hope to interest you with some desultory remarks in the narration of a few cases of recent date. The first two were unmistakably well marked cases of rheumatism, terminating in suppuration, a rare sequence of this disease. And they become peculiarly interesting in clinical medicine, for it is a maxim that pus is not one of the products of this disease.

Case 1. W. M., male, age eight years, with rheumatic diathesis, inherited from both parents

—the father being a constant sufferer from a distorted body for a quarter of a century. June 3, 1884, this child was treated for acute rheumatic fever, accompanied subsequently with intense pain of the right thigh; the case was discharged on the 7th, the disease having terminated well. On the 28th of February, 1885, the child was again stricken down with what I considered as a fac simile attack of that of the preceding year, but it proved to be of a more stubborn type, as days, weeks, and months passed before final relief came; and in the interim the fever seemed at times entirely subdued under the usual rheumatic treatment; the right thigh, very painful but slightly swollen, became painless and flexible; this condition, but of short duration, occurred several times, to be succeeded by high fever with the usual accompaniments of intense pains, principally in the right thigh. At this stage of its obstinacy, the patient becoming much emaciated and feeble, the disease became metastatic in its nature, attacking the arms and sides, particularly the intercostal muscles. Dreading cardiac complication, remedies were addressed to this region with quick relief. One peculiar feature of the right leg complication was, that pain manifested itself persistently on the inner aspect, just above the knee, and I was apprehensive of coxalgia. This pain, centered in the obturator nerve (which sends a branch to the hip joint), is regarded of great diagnostic value in this disease, but developing no increase of pain by tapping the knee or by pressure on the trochanters, soon dispelled this idea. As soon as swelling became perceptible, poultices and fomentations were applied assiduously, with the view of resolving the inflammation; but finally a large collection of pus had to be liberated with the knife.

Case 2. O. B., age 40, a sufferer for twelve months with articular rheumatism of right knee, presented himself for treatment. The inflammation involved the muscular tissue of almost the entire limb. The treatment prescribed consisted of a combination of iodide of potash, salicylate of soda, tincture of cimicifuga, and gelseminum. Patient returned in three weeks, after having experienced decided alleviation of all the symptoms, having imprudently been at work on his farm and brought on a relapse of the articular swelling. Came to see me again on the 21st of May, with an issue directly over the inner aspect of the knee, discharging pus; the abscess had been opened by his family physician. The rheumatism in this case evinced the same erratic tendency as the other—developing itself by exposure at remote

*A paper read before the Medical Society of Tuscaloosa, Alabama, June 1, 1885.

parts of the body, which proved very tractable upon a renewal of his medicine.

There is an interesting feature in these two cases to which your attention is directed. Specially, viz.: the exceptional termination of rheumatism into suppuration. Regarded as a disease *sui generis*, for the reason that the most intense inflammatory swelling has resolved itself spontaneously, without so-called specific treatment, and leaving no perceptible results, it is generally conceded by the profession that rheumatic inflammation is never followed, *per se*, by suppuration. But as to this characteristic there is great discrepancy of opinion among our standard authors.

Elliotson writes unequivocally thus, "I mentioned before, when speaking of inflammation generally, that rheumatism does not terminate in suppuration. If suppuration occurs it must arise from another inflammation being present, or being excited by it." Mark, here is an admission that sometimes it is an accompaniment.

Watson says, "If suppuration sometimes occurs, it is because the rheumatic inflammation has extended to contiguous textures, and thus and there has run the ordinary course of inflammation. The inflammation of the synovial membrane may be of sufficient intensity to give rise to the formation of pus. When, however, the inflammation extends to the serous tissues within and around the heart, the products of the inflammation are just the same as when inflammation of the same textures of the common kind is anyhow produced." Dr. George B. Wood records the fact that, "in some instances, suppuration takes place in joints, destroying synovial membranes, and abscesses form in soft parts and discharge externally." Dr. S. D. Gross maintained that, "Sometimes large deposits of pus take place in the cellular tissue of the nates, or beneath the gluteal muscles, and are commonly the result of a rheumatic state of the system." It is an unquestioned fact, that the great majority of our inflammatory diseases are caused by sudden atmospheric changes.

In the army of Northern Virginia, during the late war, a newly recruited regiment was stationed at what was called High Bridge, to protect it from the enemy. The weather was not at all inclement, but these raw recruits not inured to the hardships of war, slept upon the cold ground without the proper protection. Soon their ranks were decimated by cerebro-spinal-meningitis. One of Gen. Lee's medical inspectors told me personally, that he saw a stout fellow walking about camp, a corpse in twenty-four hours; at the au-

topsy, pus was found all around the brain. This endemic was one of the phases of influenza, epidemic cold—really nothing but one of the protean forms of rheumatism.

Case 3. On the 3d of this month, O., age 27, short in stature, weighing 150 lbs., temperate, a moderate smoker, apparently a well preserved man, applied for relief of a constant pain in the sacrum, day and night, without any remission, there being no discomfort by pressure or by any motion of the body.

At once search was instituted for some remote cause for this reflex trouble. All the abdominal viscera seemed to be, functionally, in a perfect condition. Nocturnal seminal emissions occurred once or twice monthly. Admitting that he had prostituted himself a few years ago, even to lewdness, but was now virtuous and wanted to marry—finally an affirmative reply was given to the query, Do you ever perceive any involuntary discharge from the penis during defecation? This was a satisfactory clue to the real malady. His suffering was so intolerable, that he readily submitted to the proposed treatment with cold steel. Commencing with number six bougie (to be graduated), at the first insertion, the most exquisite pain was developed at the prostatic urethra, fully confirming the diagnosis. Having experienced decided relief, he returned promptly on the third day for treatment, and after this there was entire exemption from pain, so that one week elapsed before it was renewed. Upon a slight uneasiness recurring in the same region, he came back the third time, and since has returned at stated periods, and has obtained continued and complete relief. This treatment of a case of well marked spermatorrhœa surpassed my most sanguine expectations. The mechanical distension by the solid bougies, has so removed the vascular engorgement by virtue of its compression, and so obtunded the general sensibility of the delicate structures, that we can confidently promise a permanent cure. The bougie, when fairly introduced into the bladder, should remain in situ for at least thirty minutes. The above treatment I regard as the sheet-anchor in spermatorrhœa, as formerly stated to the Society when the subject was under discussion.

Case 4. Mrs. H., a tall, young, healthy and well developed woman, mother of two children, miscarried four or five weeks ago; was called to arrest uterine hemorrhage, which had continued unceasingly, baffling all treatment. With a correct appreciation of the real pathological condition, tincture of ergot was administered with the view of freeing the womb of any extraneous matter,

such as portions of membranes or placenta. This treatment was pursued diligently, giving teaspoonful doses every hour, until a portion of the placenta was extruded, affording an immediate stoppage of the hemorrhagic discharge. For more reasons than one, it should be the province of the accoucheur, to not only secure a firm contraction of the uterus, but to cleanse this viscous of all relics of labor that may become incarcerated, jeopardizing life either by hemorrhage or septicæmia. Most generally the offending matter, consisting of particles of membranes or placenta, will be found protruding from the os, and can be extricated by the finger; when not accessible to the finger, the curette should be brought into requisition. In the majority of labors, all women suffer more or less from its traumatism. And if the abraded and lacerated surfaces are permitted to be constantly bathed in putrescent and fetid matter, the blood is liable to be infected with the most deadly septic poison. By observing the proper precaution, to wash out, purify and disinfect the uterus, I unhesitatingly lay down the aphorism, that no parturient woman should die from septic peritonitis.

Case 5. Miss M., young lady of robust constitution, has been afflicted four or five months with chronic eczema of the face, ears, neck and ankles; from its inveteracy and harassing pruritus by day and night, she had despaired of relief, when placed under my treatment a few weeks ago. After a thorough elimination of the morbid secretions (always present in this phase of the eruption), with proper alteratives, the skin was constantly lubricated with mild astringent ointments. Now, the sixteenth of a grain of tartar emetic was administered, as a direct alterative of the dermoid tissue, with the happiest effects; there was immediate improvement, continuing uninterruptedly to an ultimate cure.

Dermatology is probably the greatest bugbear to the general practitioner, and some medicinal agent of the character of a panacea, adapted to all obstinate exanthemata, would be welcomed as a great desideratum. The potency of tartar emetic in all inflammations of the mucous membranes is well attested, and it most assuredly exerts the same therapeutic effect upon skin diseases, and why not? Both being of the same anatomical structure, the mucous membrane is as it were a reflex of the skin.

Case 6. Negro girl, only 12 years of age, had been under treatment several months for iritis, with very slight benefit. The physical appearance of the eye indicating its specific character, was unmistakable—the natural black iris was

now of reddish, dusky hue, the conjunctiva in its immediate vicinity smartly injected. This case was diagnosed at once as syphilitic, (not congenital, but acquired,) although no primary lesions were elicited on inquiry into its history. Upon the face minute papulæ were discoverable, and just under the lobule of one ear, found a well-marked pathognomonic blotch, syphilitic psoriasis.

Case 7. T. O., male, age 30, a broken down debauchee, very intemperate for a number of years, was treated last winter for asthma of a grave type—being the first attack, there was unusual alarm. Immediate relief was obtained by correcting the morbid secretions, thereby eliminating disintegrated matter from the blood, the direct cause of the respiratory difficulty; and afterwards large doses of iodide potash were administered with the view of reducing enlargement of the liver. The prime cause of this man's trouble was alcoholism. He continued to drink, entailing upon himself its dire consequences, until this last month, when he was compelled to seek medical aid, being well nigh exhausted from his asthmatic trouble. The points of interest in this case are two-fold, its real pathology and the direct and indirect cause of the respiratory difficulty. First, the blood was poisoned by excessive accumulation of the albuminoids, consequent upon the feeble vitalization by the air, most of his oxygen being consumed by the alcohol. Although there were mucous rales all over the chest, simulating bronchitis, the air penetrated the lungs well, the patient labored hard for breath, not from dyspnoea, but apnoea; in fact the blood could not be oxygenated. Second, the direct cause was venous repletion, keeping up imminent suffocation, and indirectly prolonged by a weak heart, probably fatty degeneration, from profound alcoholism. But now, digitalis in large doses, by giving steady tonicity to the muscular heart, keeps up a healthy equilibrium of the respiratory functions.

Case 8. The mention of an inveterate case of ozæna, of twelve months' standing, will conclude this article. A few days ago I prescribed for this patient, a fine healthy-looking boy, a treatment that has never failed me in effecting lasting cures. He had been unsatisfactorily treated by a specialist of eminence, and though his trouble is complicated with enlarged tonsils, militating against treatment, his condition is much ameliorated at this date. I have found from experience with this loathsome disease, that the mode of administration is of equal importance with the remedy itself; that we can't reach the entire nasal passages, except by an atomizer, by means of

which our medicinal agents are brought in intimate contact, in the form of a spray, with all the angularities of this somewhat intricate avenue, both pleasant and inoffensive to the patient.

LIGATING THE UMBILICAL CORD.

BY E. T. BLACKWELL, M. D.,

Of Cedarville, N. J.

All the teachers through whom my obstetrical principles were formed protested against the heavy ligature, generally a cord made from twisted strands, or a piece of tape, which was apt to be handed to the practitioner to secure the funis after the birth of a child. Some one of them (Professor Hodge, I think), gave the classical description for preparing it, found in Ramsbotham's Midwifery (Philadelphia, 1847), p. 123: "The ligatures commonly employed in London consist of eight or ten pieces of thread, a skein of which is placed in readiness for our use. A sufficient number having been selected to form the proper thickness, a knot must be tied at each end; and this preparation should be made before the child is born. Even in forming the ligature some attention is requisite; if it be too thick, it will not compress the arteries sufficiently to prevent bleeding after the funis is cut; and it is also liable to lose its hold and slip altogether off the cord, thus leaving the vessels perfectly unprotected; and if, on the contrary, it is too thin—consisting of only two or three threads—it will probably cut through the membranes covering the cord, as well as the coats of the vessels themselves, and cause in this manner a loss of blood. It is also necessary that the threads should be all of equal length; for if one or two be shorter than the rest, they alone will make compression, and consequently they will act as though the ligature were composed of them only." Dewees says,* "The best ligature we can use, is part of a skein of fine thread, and passing it once around the cord and tying is sufficient."

I have carried out this instruction by taking of ordinary sewing cotton a length equal to the distance between the hands when the arms are widely outstretched—a little over a yard and a half—doubling it upon itself three times, making eight strands; drawing evenly and tightly, and making a knot in each end by slipping it about the extremity of the finger. Number 20 is sufficiently strong; but if a longer ligature is preferred, a coarser thread of six strands will be sufficient. A ligature of this kind cannot be broken by any force exerted through the hands,

*Abridgment of Baudelocque's Midwifery, Phila., 1823.

and if applied with the full strength and secured by a proper knot, cannot fail to occlude the vessels. If there be any oozing after the tying, it is significant that the full strength has not been exerted in drawing the ligature; or it has been allowed to slip. A second, applied with the precautions mentioned, has always availed, in my own experience, to produce perfect stoppage of the flow.

HOSPITAL REPORTS.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

Gynecological Clinic of Prof. Wm. S. Stewart, A. M., M.D.

Reported by JOHN S. STEWART, M. D.

Ruptured Perineum—Two Cases, in both of which Menses Appeared After Operation, without Unfavorable Results.

Case 1. Mrs. C., *æt.* 36 years, has been under treatment for some time. The following history is interesting, and will explain the nature of her case. Mrs. C. is the mother of five children, and until about five years ago enjoyed good health. At this time she had her fourth labor, and says that it was a very difficult one; that it was a breech presentation; that the forceps were applied, but that the child was finally taken away in pieces.

During this labor the perineal body was ruptured, or, to use a more common expression, "she was torn."

Unfortunately for her, the physician in attendance did not attempt to repair the damage, which could have been repaired with greater ease and less discomfort to her than she will have in undergoing the secondary operation.

This took place five years ago; her recovery was rapid, and she suffered no inconvenience at that time. Two years later she gave birth to her last child, but this labor presented nothing remarkable so far as she knows, being no more difficult than an ordinary labor in a multipara.

A short time after her recovery she noticed that her abdomen was beginning to enlarge; this swelling or dropsy, as she called it, continued to increase month by month, until the abdomen was becoming uncomfortably large; the abdominal and respiratory organs were displaced, and the uterus (itself) gave way and became prolapsed.

When Prof. Stewart first saw her she had been in this condition one year. Examining, he discovered the uterus almost completely external to the vulva. But while the patient was upon her back the displaced organ could be returned and held in position with a slight effort of the hand. However, when she attempted to resume the erect posture the womb at once began to descend, and soon protruded as before. It was also discovered at this examination, when the womb was returned to its proper place within the pelvis, that there was an almost complete laceration of the perineum.

She had been told by several physicians that a tumor was growing within her, which was the cause of the abdominal enlargement; more than this she did not know. After a thorough and careful examination the tumor was found to be a

cystic development, possibly of the parovarium or some portion of the broad ligament; no fluid being drawn off and examined, a more certain diagnosis could not be made. The general health of the patient being good and her only inconvenience arising from the size of the swelling, with a view of confirming the result of the same treatment used a short time before in a similar case, the conservative method was adopted. This treatment consisted of ammonii chloridi gr.x, three times daily. In addition to this the uterus was replaced and supported by an inflated rubber disk, $3\frac{1}{2}$ inches in diameter; and while this was in position the womb did not descend. The patient was seen at intervals of a week or more for some months, the disk being each time removed and cleansed, while the other treatment was continued.

After one month the swelling was decidedly diminished; this decrease in size continued without intermission, and at the end of one year, the ammonium having been kept up all the time, there was no tumor to be found. The proclitica still occurred when the disk was removed, though not to the same extent as when the abdominal enlargement existed. This enlargement was undoubtedly the chief cause of the original displacement; but now, the uterine ligaments having been so long upon the stretch, the support which they should have afforded was entirely lost. In addition to this the laceration still existed, the parts being thus deprived of the natural support which they have when the perineum is intact. The patient having been thus far much relieved by the course of treatment adopted, and being anxious for any further relief which could be afforded, comes to the clinic with that object in view. The present examination reveals a prolapsed uteri and with it a decided prolapse of both the anterior and posterior vaginal walls. The laceration extends completely through the perineal body to the margin of the anus, the sides of the rent being lined with projections of cicatricial tissue, while in the posterior vaginal wall also are the evidences of an extensive tear.

The present complaint of the patient is that she feels a dragging sensation, accompanied by pains in and about the pelvis, her suffering varying according to the extent to which her womb is displaced. Having been previously advised to undergo an operation for the repair of the damaged perineum, and she having given her assent, the operation was begun. Ether was administered, and the patient having been placed in the lithotomy posture, a large soft sponge was introduced within the vagina to support the prolapsed uterus and put the vaginal walls upon the stretch: it answered this purpose admirably. Prof. Stewart then introduced the index and middle fingers of his left hand within the rectum; the parts were put upon the stretch in this way and a raw surface was quickly made with the curved scissors. In the paring process the ragged projections of scar tissue were removed and the venous hemorrhage which occurred was readily checked by an application of phenolsolique. Quite a large surface having been denuded, the parts were brought together with wire sutures about one-half inch apart and passed carefully through the thin recto-vaginal septum and were secured with shot. This com-

pleted the operation, and as a result, a firm perineum could be felt. The patient was placed in bed having her knees firmly secured. Upon the fourth day after the operation, very much to the regret of the patient and her attendants, the menses made their appearance, being about ten days before the regular time. Strangely, but fortunately, no unfavorable results followed, the pain and soreness about the parts being exceedingly slight. On the eighth day after the operation the sutures were removed and the patient permitted to urinate, the catheter having been used twice daily since the operation. On the removal of the sutures the union was found to be perfect, a somewhat remarkable result after having been exposed more or less for three or four days to the irritating menstrual discharge; and in place of the great fissure which had existed, a firm and respectable union could be felt and seen. During the following day the patient was given an enema, but this having produced no effect, a mild laxative was used with success, causing slight pain at first, but this quickly disappeared. After this she left her bed, and four days later was discharged from the hospital feeling well, the parts being in good condition.

Case 2. Mrs. F., is a widow, 25 years of age. During her last confinement she was torn, and ever since that time has been suffering from occasional sharp abdominal pains and a constant bearing down. She comes to the clinic seeking relief, and is willing to submit to anything that it may be obtained. The patient was placed upon the table and an examination begun. The laceration was found to be quite extensive, especially in the posterior vaginal wall. The anterior wall was slightly prolapsed, and as a natural sequence the uterus was also prolapsed to a slight degree. With the exception of a slight hypertrophy of the cervix and vaginal wall, no other lesion could be discovered.

The indirect cause of her trouble was the laceration of the perineum and posterior vaginal wall, which deprived the anterior wall of its support, and this being no longer able to support itself, begins to descend and draws with it the attached womb, the displacement of which is the direct cause of her suffering.

An operation being thus clearly indicated as the most certain means of affording permanent relief, the patient was so advised, and not only consented to be operated upon, but was desirous that it be done at once. She was instructed to take a laxative that night when she went to bed, and to come back the following day prepared for the operation. When she returned she was etherized, and the operation performed as in the previous case. The hemorrhage was very slight, and after the surfaces had been carefully freshened the wire sutures were used and secured with shot. She was put in the hospital ward with the expectation that she would remain there until after her recovery, which would be about two weeks; but contrary to orders or expectations, she was taken home in a carriage in a few hours after the operation, and had the misfortune of her menses appearing on the fourth day; but under all unfavorable circumstances, on examining and removing the sutures, the union was found to be complete, and she made a very satisfactory recovery.

MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY.

Stated meeting, August 3, 1885. President, Charles T. Parkes, M. D., in the chair.

Dr. Franklin H. Martin read a paper on the
Oleate of Manganese.

Saying: There is little doubt left in the minds of therapeutists in regard to the value of manganese as a remedy in certain forms of menstrual trouble. The remedy, in the form of permanganate of potash, was first brought to the attention of the profession by Ringer and Murrell, of London, in the spring of 1883. They recommended the drug in functional amenorrhœa. Soon after this he commenced experiments with the same preparation, and published the results in the *New York Medical Record*, September 29, 1883. To his knowledge, that was the first time that anything on the subject was published in this country.

In the course of his experiments, acting on the theory that the drug produced menstruation by stimulating the menstrual organs, he was induced to give the remedy in menorrhagia and metrorrhagia dependent upon an atonic condition of the organ. He found to his gratification that it acted equally well in these conditions, as in the opposite. He has also obtained good results from its administration in irregularities incident to approaching menopause. He has received very gratifying letters from many members of the profession throughout the country, who have used the drug in one or more of the conditions mentioned above, with good results.

Dr. Thomas, of New York, says of the remedy: "I think it is the best emmenagogue which has yet been discovered."

Dr. Roberts Bartholow not only recognizes its power as a remedial agent in amenorrhœa, but also considers it a general stimulant, making it equally efficacious in other menstrual difficulties dependent upon an atonic condition.

After publishing his second report on this subject, the author received a letter from Sydney Ringer, of London, in which he expressed his gratification at the result of his experiments, and in which he said:

"Like you, I have found the permanganate most useful in atonic conditions," and further remarked, "I was quite prepared to learn that the permanganate is useful in menorrhagia."

Since there is no longer any doubt about the great value of this drug in the distressing menstrual difficulties, the next formidable problem for the therapeutist to solve is, How shall it be administered? The permanganate of potash, the original preparation used for experiments and administration, in any form is liable to act as an irritant to the stomach. It has in many ingenious ways been made into pills, but as these pills must of necessity have for their basis kaolin, or some other inorganic substance, the drug in this form is not satisfactorily absorbed. The compound tablets of Wyeth & Bros., and other druggists, are objectionable, in many cases of irritable stomach, because the irritating undiluted drug comes in direct contact with its mucous membrane. On account of the many difficulties of administration,

therefore, this valuable remedy has not met with the reception that is its due. Following the suggestion of Dr. Lewis L. McArthur, of this city, he succeeded in having an oleate of manganese prepared. This oleate was made for him by Edward Kreysler, of the firm of Forsyth & Schmid, of Chicago. He says he is indebted to Mr. Kreysler for the following statement of the mode of preparation and of the physical and chemical properties of the oleate of manganese: A solution of sulphate of manganese was made in distilled water, and to it a solution of sodium oleate was added. On mixing these two solutions gradually, and with constant stirring, a precipitate of oleate of manganese resulted. This precipitate, upon heating, changed to a putty-like mass. This was washed several times with warm distilled water, to remove the sodium sulphate, and the resulting mass was the pure oleate of manganese. It is of a light gray color, having a pinkish hue, of a sweet musty taste, and peculiar clay-like odor. It is sparingly soluble in alcohol, soluble in ether, chloroform, olive oil, and oleic acid.

The Method of Application.—He recommends that one drachm of a twenty per cent. solution of the oleate of manganese in oleic acid be applied to the abdomen of the patient, and its absorption promoted by friction with the hand.

In amenorrhœa it should be applied, if possible, every night for a week preceding the expected menstrual period, or at the time menstruation is due, and until it makes its appearance. In menorrhagia or metrorrhagia it should be applied in smaller quantities, every night, until the desired effect is produced.

Of about a dozen cases in which the oleate has been prescribed by him, but four had reported. The success in these four was all that could be wished. Three of the four were cases of atonic amenorrhœa, the fourth, irregularity due to approaching menopause.

In the discussion Dr. Etheridge thought much advance would be made in the use of drugs if we were more careful to discover in what conditions they were beneficial. He had found this remedy useful in cases of atonic amenorrhœa, with the uterus in its normal position. He had found the aqueous solution an eligible preparation, and had also used it in the form of a suppository.

Dr. E. J. Doering said he had used this remedy in some cases of atonic amenorrhœa with good results. He asked the effect of the drug upon the pregnant uterus.

Dr. Paoli had used manganese somewhat for several years, in cases of menstrual disorder, with varying degrees of success. It was a useful remedy in many skin diseases. He had not used the oleate, and could not see how it acted upon the uterus, unless, possibly, by being applied at once after being freshly prepared.

Dr. Martin closed the discussion by saying he had used the aqueous solution in very small doses, also had had the remedy put in dry papers and swallowed with a glass of water. He had never used it in the form of a suppository. Manganese has no effect on the pregnant uterus. The drug seems to act as a general stimulant to the uterus, causing it to perform its normal function. It might be absorbed as the oleate and so produce its effects.

Does the Use of Tobacco Injure Sight?

was the subject of a paper read by W. Franklin Coleman, M. D. The question was answered affirmatively by the author.

In the discussion Dr. Paoli said while the excessive indulgence in tobacco might be harmful, the fact of its almost universal use and continued use in many cases for years resulting in no deleterious effects, would seem to show that its narcotic power, used in the ordinary way, was very slight. He had used tobacco for fifty-five years and felt no ill results. The Germans use large quantities of it, and do not suffer. This seemed to be a case of excess of zeal on the part of the ophthalmologists to discover a cause for amaurosis. We ought to be conservative on this point.

Dr. Coleman closed by saying that only in certain susceptible conditions was tobacco liable to cause disorders of vision. But that so few suffered was no proof that it had not this baneful influence when acting with other causes.

Laceration of the Cervix Uteri.

Dr. John Bartlett read a paper in which he said his object in addressing the Society was to suggest a way and a time in which laceration of the cervix uteri may be easily and certainly detected soon after its occurrence.

Directly after delivery, if the fingers be introduced deeply into the vagina up to the contracted os uteri internum, and then carried in any direction a little outwardly, the flabby and floating ring formed by the non-contracted cervix may be felt, as Guillemeau described it three hundred years ago, "like a section of large intestine."

By very carefully following the entire circumference of this ring an existing rent may be discovered. But this examination is attended with some difficulties. The patient is exhausted with her labor, and fatigued with attentions, and just now, since "it is all over," longing for rest. She is impatient of, and perturbed by this *post factum* inquiry. Her state of mind, and possible expression of complaint, are apt to render an examination, which the physician cannot regard as absolutely necessary, less exact and thorough than it would be otherwise. And then, the soft and floating margins of the cervix have often some-

what of an intangible feel, if the expression be permitted, gliding past the finger like a detached clot of blood, and occasionally, in some portion of their circumference, passing out of satisfactory reach.

On this account it is not surprising to hear an obstetrician say that he cannot tell whether the post partum cervix is lacerated or not. The error of the accoucheurs who fail to recognize such a condition is, that they do not make their observation of the suspected cervix at the proper time. They examine the neck actually, as has just been done mentally—after the clearance of the uterus. The favorable moment for the examination—and that he said was the special point of his remarks—is just as the placenta is beginning to occupy and distend the cervix. The collar of flesh is then not floating and uncertain in feel, but stretched and expanded, forming a distinct ring, easily followed in its entire circumference. At this moment then, just as the cervical tube is being rendered tense by the placental mass, any laceration in it may be detected with ease and certainty.

Dr. Etheridge asked the author of the paper whether he had verified a case by speculum examination after discovering it in the way he had illustrated in his remarks.

Dr. Parkes said he had great difficulty in detecting laceration after delivery, on account of the relaxed condition of the parts. He thought the suggestion of Dr. Bartlett as to the way to obviate this difficulty was a good one.

Dr. Doering inquired as to the size of lacerations he had found.

Dr. Bartlett concluded by saying that he had verified cases of laceration discovered in the manner proposed by him. The largest laceration he had found was one and-a-half inches in length, and the end of the little finger could be passed into it. In one case he encountered considerable hemorrhage from such a rent: and this may be the cause of continuous loss of blood when the os is well contracted.

Dr. Bartlett illustrated his remarks with earthen-ware models, turned by a potter, under his immediate direction.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Occurrence of Blood in the Urine in Granular Kidney.

Dr. Samuel West thus writes in the *Lancet*, July 18:

Blood in the urine in granular kidney is not, I believe, of very common occurrence, and may on that account lead to difficulties of diagnosis. It may be in sufficient quantity to give the urine a bright-red color, or, as is less rare, a smoky or pinkish hue. The following cases have recently come under my observation:

Case 1. A girl, aged twenty-one, came into the hospital with a history of fits for two years, attended with attacks of biliousness, giddiness, and sickness. She had suffered from childhood with a chronic discharge from the ear, and her hearing was considerably impaired. For the last few weeks she had to rise several times in the night to pass urine. On the evening of her admission she had one of the so called fits. She did not lose consciousness, but became very excited, throwing herself about and complaining greatly of her head, sobbing and crying from the pain. She had severe retching, and pain in the cardiac region, and during the attack seemed to be in a

condition of great general hyperæsthesia. Her eyes were examined, and double optic neuritis discovered, with abundant hæmorrhages, many recent, and with glistening white patches. The case had presented itself at first as one of intracranial disease—possibly, it was supposed, an abscess connected with the old ear mischief. But the eye changes, the condition of the arteries (thickened) and of the heart (hypertrophied), associated with the presence of albumen in the urine, led to the diagnosis rather of granular kidney. The day after admission the urine was of a bright red color, and contained much recent blood. The albumen was abundant, about one-fourth, but the presence of blood made it difficult to estimate the exact quantity. The urine continued to contain much blood for sixteen days, when it disappeared and the color became normal, and then the urine contained one-third albumen. During this time the patient had had several of the "attacks" described, and for three days had severe epistaxis: The hæmorrhages, also, in the retina increased in number and size. Shortly afterwards a systolic cardiac murmur, thought to be hæmic, was detected. The patient's condition did not materially change during the next two months, except that she became by degrees profoundly anæmic, and as this developed she began more and more to complain of cardiac pain and dyspnoea. Two months after her admission she had another attack of epistaxis, and a few days later some small purpuric spots appeared on the backs of the hands and legs which had been for some days slightly oedematous. She now became very noisy and delirious, and continued in this state till her death, which took place about ten weeks after admission. There had been no return of blood in her urine. The post mortem examination disclosed the typical lesion of well marked granular kidney. The kidneys were greatly contracted. The left weighed only three ounces, and the right was converted into a small fibrous capsule, with hardly any trace of kidney substance remaining. It measured an inch and a half by three-quarters of an inch. The arteries and veins on this side were also much smaller than on the opposite. No obstruction existed in the course of the ureters, the bladder was healthy, and there was no trace of calculus either in kidney or bladder. The heart was hypertrophied and weighed 15½ oz., a very large size for so small and slenderly built a young woman, for her weight could hardly have been more than 6 st. The arteries were much thickened. The brain was oedematous, but otherwise quite healthy. The case was, therefore, one of well marked granular disease of the kidney.

Case 2. Another case I have met with recently, viz., that of a young man of nineteen, a warehouseman, who believed himself to be in good health until three months before admission, when he suffered from hæmorrhage from the bowels, and was confined to bed for five weeks. He seemed to get well, and remained in his usual health until two days before admission (Jan. 14). He then had a sore throat, and felt sore all over, and in the evening he noticed that his urine was very dark-colored. He had a little pain in the back, and during the night felt hot, then shivered and perspired. There was no history of chill or of

any cause for the attack. The patient was pale and of a pasty complexion, with slight herpes on the lips. The right tonsil was slightly lacerated. There was no oedema anywhere. The urine was porter-colored, acid, sp. gr. 1014, and contained one-quarter of albumen. The arteries were thickened and the tension raised. The microscopical examination of the urine showed the presence of numerous red blood cells, with triple phosphate crystals and a few fragmentary granular casts. The quantity of urine passed was on the average above normal. The temperature on admission was 101° C , but it fell the next day to normal, and remained normal afterwards. The throat affection rapidly disappeared, so that the rise of temperature depended probably upon this condition. Oedema was completely absent. The urine contained blood for a week after admission, and continued to contain albumen, though only a very faint trace, until his discharge nearly three months later. The history of recent sore throat, with albumen and blood in the urine, led me to think at first that the case was probably one of diphtheria associated with nephritis; but the condition of the arteries, the long persistence of albumen, and the absence of oedema, convinced me later that the case was one of granular kidney. This conclusion was confirmed by the subsequent course of the case, for the urine for the last two months of his stay was characteristic, being large in quantity (80-100 ounces), of low specific gravity, and with but a trace of albumen.

Case 3. Edw. P—, aged thirty-four, was admitted into the Royal Free Hospital as a case of acute nephritis. He had been a free liver and had drunk much beer, but was in good health until one month before admission. Then his legs swelled, and a fortnight later his toes also. On admission there was slight general oedema. The urine was reduced in quantity and contained one-half albumen with granular casts, and was smoky. The eyes were normal on ophthalmoscopic examination. The arteries were slightly thicker than normal for his age. The case ran the ordinary though protracted course of acute nephritis, ending in convalescence. On several occasions while the oedema persisted the urine contained blood, being sometimes bright-red in color, at other times only smoky. These alterations could not be traced to any cause, for they occurred during the time that the patient was kept entirely in bed. After about two months the oedema completely disappeared, and continued absent till the patient's discharge from the hospital. The albumen was at times completely absent, and at most times there was only a trace; and on several occasions after the oedema had gone the blood returned in the urine, generally to the extent of giving it a smoky tint, but occasionally the color was bright-red. Generally at these times there was an increase also in the amount of albumen over and above what the blood would account for. The duration of these attacks was about two or three days, during which there was no other change in the patient's condition. The arteries, however, were distinctly thicker and harder on leaving the hospital than they were on admission. I was led to regard the case as one probably of old granular change, with an intercurrent attack of acute nephritis. At any rate,

at the time of leaving, the case presented the characteristic features of granular kidney.

Since this case I have also seen several others of a similar kind, in which the diagnosis of granular kidney seemed clear, and during the course of which the urine on many occasions contained blood, sometimes only sufficient to give it the smoky tint for a few days, but at others sufficient to make it bright-red in color. It is not easy to determine the part of the urinary tract from which the hemorrhage comes. In the second and third cases it was, in all probability, from the kidney; but in the first the very bright color and quantity of the blood seemed to suggest its origin from the lower part of the urinary tract. The quantity in this case was so large as to suggest even calculus, but none was present. The difficulty in diagnosis between this condition and calculus has actually occurred, as in a case related to me by Dr. Sharkey, of St. Thomas's Hospital. The patient, a young girl, passed so much blood with the urine that the bladder was sounded, and, failing to find a stone, dilatation of the urethra and digital exploration of the bladder was suggested. To this Dr. Sharkey did not, for good reasons, consent; and the patient dying, no stone was discovered on the autopsy, but markedly granular kidneys.

In less severe forms the chief difficulty in diagnosis is from cases of acute nephritis. The second and third patients both had, during the latter part of their illness, a considerable amount of albumen in the urine, and as on most occasions the urine was smoky, and not often bright-pink in color, and also contained a few casts, the diagnosis of acute nephritis was natural, but they presented these points of difference from ordinary acute nephritis: (1) The absence in one case and the existing small amount in the other of general oedema; (2) the great fluctuation in the amount of blood and albumen at different times; (3) the subsequent course of the cases, the diagnosis of granular kidney becoming clear as they progressed.

The hæmorrhage which takes place from some part of the urinary tract in these cases of granular kidney, though uncommon, is not peculiar, except so far as regards its source. The explanation is probably the same as must be given to the hæmorrhage, which occurs from other parts in this disease. Epistaxis, often very severe and difficult to control, is one of the commoner epiphenomena. The first case suffered severely from it on several occasions, and once at the same time that the urine also contained blood. Of hæmorrhage from the respiratory tract in granular kidney I know nothing; but bleeding occurs occasionally from the bowels. The first symptom of illness in the second case was such a hæmorrhage from the bowels, which confined the patient for five weeks to bed; and although the cause of this hæmorrhage is not certain, its association is at any rate suggestive. Hemorrhage into the eye and brain are among the commonest of incidents in the course of granular kidney, so much so that retinal hæmorrhages are of recognized diagnostic value, while brain hæmorrhages explain the apoplexy with which such cases not rarely terminate, and in both organs military aneurisms are frequently found. In the cases in which the hæmorrhage occurs actually in the kidney it is possible that there is another explanation. It may prove to

take place especially in those cases of granular kidney in which the cirrhotic change is most marked round the Malpighian bodies, and the bleeding may then possibly be the result of the mechanical obstruction to the circulation in the Malpighian tufts. But I know of no observations bearing on this point. On the whole, however, we may with greater probability regard the hæmorrhage from the urinary tract as part of the general vascular changes which occur in this disease, and, if so, it is remarkable that hæmaturia is not of more frequent occurrence in granular kidney than it appears to be.

A Case of Urethrocele.

Mr. Skene Keith thus writes in the *Edinburgh Med. Jour.*, July, 1885;

A description of the following case will be of interest, in the first place, because the condition is not described in any book in the English language, with the exception of that of Dr. Skene on "Diseases of the Bladder and Urethra," nor have there been more than two or three cases recorded in British medical periodicals, and besides, the patient whose case I am about to narrate was seen by several members of this, and also of the Obstetrical Society of London, and none of these gentlemen had evidently seen such a case before. I had been present when Dr. Thomas operated on an almost identical case in New York, and having this experience, the diagnosis of the case operated on by Dr. Keith was evident almost at a glance.

Mrs. S., aged 44, a big, stout lady, had been married at 22. She had two children at intervals of sixteen months, and for six years after the birth of the last was perfectly well. In 1872, after the birth of another child, she was annoyed by the occasional involuntary passage of her water when she coughed or sneezed. A son was born in 1874, another in 1875, delivered with forceps, another in 1877, and the last in 1879. All the children had very large heads. From 1872 until she became pregnant with the last, the urinary trouble continued to get worse, and Mrs. S. had often to get up in the night to pass water. During the whole of the last pregnancy, and ever since, the patient's condition was most lamentable. The uterus could only be kept inside the vagina by a large ring pessary; there was constant pelvic pain, and for a period, extending over more than four years, there had never been one night in which she had not been compelled to get up to empty the bladder at least five times, and usually much oftener. During the day she considered that she was fairly well if she did not have to micturate oftener than once every hour. For a long time there had been some pus and blood mixed with the urine.

In April of last year, Mrs. S. consulted Dr. Keith, and the local condition was found to be as follows: There was no perineum; the uterus was large, and the os came down to the introitus vaginæ whenever the ring pessary was taken out; the wall of the urethra was enormously thickened, and projected considerably downwards. The base of the bladder was felt to be quite healthy. The passage of a catheter caused severe pain, and before its point entered the bladder some thick pus flowed from it. The urine was

quite clear. The skin surrounding the vulva was red and sore, for although patient was most particular, and washed and dried the parts many times a day, a little pus, constantly oozing from the orifice of the urethra, kept the skin moist and irritated. Dr. Keith considered that the condition of the urethra was possibly due to its posterior wall having been pressed outwards by the large heads of the children, and as this condition was kept up by the loss of support due to the absence of all trace of a perineum, he thought that it would be best to make a large, firm perineal body, which would press the dilated urethra upwards and forwards, and thus obliterate the pouch, which was constantly full of pus. The perineum was repaired in April, but did not do what was expected. It simply supported the uterus, and took away a good deal of the pelvic pain. It became evident that the urethra itself would have to be attacked. Dr. Keith cut down, in the middle line, on a sound which had been passed into the bottom of the pouch, and made a large opening into the urethra. The wall was fully $1\frac{1}{2}$ inches thick, and the opening was made large enough to admit one finger easily. A large amount of pus came away when the incision was made. The lining membrane of the urethra was rough and of a dark purplish color. The mucous membrane of the urethra and vagina were sewed together to prevent too rapid closing of the wound. There was not a very great amount of hæmorrhage. From the first night patient became more comfortable; of course control over the bladder was not lost, as the incision did not reach back to the neck.

After four months, all pus and irritation having disappeared, the opening into the urethra, which, in spite of the original stitching together of the mucous membranes, was hardly larger than the point of an ordinary catheter, was closed with twelve horse hair sutures. The patient got up on the day after the operation. The stitches were removed on the ninth day, and she now sleeps the whole night through without having to get up, and during the day requires to micturate two or three times only. In addition, all pain is now gone.

There was not the slightest doubt that the urethra alone was diseased and prolapsed. When the uterus was not supported by a pessary, and lay almost outside the vagina, there was naturally some lowering of the bladder, but there was no condition at all approaching to cystocele; and when the uterus was properly supported, the slight sinking of the bladder was removed. This did not, however, have the smallest effect on the swelling of the urethra. That remained, no matter what the position of the other pelvic viscera was. Direct pressure lessened the size of the swelling slightly by emptying the pouch. In most of the cases which have been operated upon, an oval piece of the urethra has been cut out, and the parts stitched together at once. When the lining membrane of the urethra has not become diseased, this is, without doubt, the proper method to adopt. In a case such as that of Mrs. S., such a plan would probably not have been successful. By making a dependent opening, and thus preventing the retention of pus and ammoniacal urine, the urethra soon returned to its normal

healthy condition, in the same way as a diseased bladder will become healthy after a vesico-vaginal fistula has been properly made to cure cystitis, the only difference being that a patient with an opening in the base of her bladder is always uncomfortable and disagreeable to her friends. With an opening into the urethra she is uncomfortable only when making water, as the labia minora are then not in a position to perform "the most modest of the uses ascribed to them."

A Case of Diabetes Mellitus Cured by Removal of the Uterine Appendages.

Dr. Francis Imlach thus writes in the *Brit. Med. Jour.*, July 11, 1885:

K. G., a widow, aged 31, consulted me on February 12, 1885, on account of leucorrhœa and pelvic pain. A diagnosis of pyosalpinx was made out; and, as she seemed ill and wasted, operative treatment was suggested. On the 22d, she mentioned that for a month she had been afflicted with insatiable thirst and sleeplessness; that the bowels were habitually constipated, and the urine greatly increased in quantity. On testing a sample of urine, of specific gravity 1036, no albumen was found; but, on boiling with Fehling's solution, it became evident that she was passing sugar. Menstruation was regular, and, though painful, not profuse. All thoughts of operation were abandoned. She undertook to live upon gluten bread and biscuits, fish, meat, and butter-milk; to give up starchy food and sugar, and as much as possible to restrict her drink. Soap and water enemata were ordered, and bromide of ammonium prescribed for the sleeplessness. Under this treatment the urine became reduced (from an unknown quantity) to five or six pints per diem; but, when samples were tested with Fehling's solution and by the differential density method, there was little diminution in the sugar. On March 16, three minims thrice daily of Clemens's solution of arseniate of bromine were substituted for the bromide of ammonium; and, a fortnight later, the dose was increased to ten minims; but, roughly estimated, the excretion of sugar continued unaltered. On April 15, she passed 2,500 grains in twenty-four hours. As she was becoming rapidly weaker and more emaciated, she was admitted into hospital on May 15, where the anti-diabetic diet was strictly maintained. On May 16, 1,200 grains of sugar were excreted. On May 19, the uterine appendages were removed. The right Fallopian tube was thickened in its walls, occluded at both ends, and distended with pus. The left tube was thickened, but not occluded at its infundibular extremity, and contained only a little muco-pus. Both ovaries were so firmly adherent in the pelvis, that their removal was somewhat difficult. The fundus of the uterus, which was bound by dense adhesions to the sacrum, was liberated. The patient recovered without a bad symptom, and with a surprisingly level temperature chart. She got out of bed on the ninth day, and left hospital on June 3d. Unfortunately, I am unable to add a complete account of the urine passed subsequent to the operation, as, through an error, no quantitative measurements of the sugar were made. During the first twenty-four hours, between six and eight ounces of urine con-

taining sugar were drawn off every six hours. The specific gravity during the first six hours was 1028, next it fell to 1014, and then rose to 1034.

Date	Ounces of Urine in 24 hours.	Specific Gravity.	Sugar	Diet
May 20	17	1034	Present	Milk and Soda.
" 21	21	1030	"	Barley water.
" 22	16	1030	"	"
" 23	15	1032	"	Beef tea.
" 24	13	1030	"	Rice pudding.
" 25	16	1030	"	Ordinary fare.
" 26	17	1030	Absent	"
" 27	18	1028	"	"
" 28	22	1024	"	"
" 29	22	1020	"	"
" 30	24	1024	"	"
" 31	24	1022	"	"
June 1	24	1020	"	"
" 2	18	1024	"	"

The sugar, tested daily with Fehling's solution, gradually diminished until May 26th, when it finally disappeared. On June 12th, the urine was normal, and of specific gravity 1020. For a week previously she had been at home on ordinary fare, except that she took no rice pudding, and put no sugar in her tea. She then took rice pudding daily, with unlimited sugar, until June 19th, when the specific gravity of the urine was 1010, and not a trace of sugar could be detected. There is no longer constipation, and her strength is already almost completely restored.

Glycosuria being persistent under antidiabetic regimen, and the health worse, operation was offered as a forlorn hope. Sir J. Paget makes no allusion to diabetes mellitus among "the various risks of operations;" but Dr. Dickinson, in his able work on the subject, says that "surgery is attended with unusual danger;" and Dr. Wm. Roberts states that "operations for diabetic cataract generally fail from uncontrollable suppuration of the eyeball." Beyond this element of danger, there was the fear lest the operation should do no good. Diabetes and pyosalpinx are not known in association. The patient was married ten years previously, had a still-born child a year later, and became a widow two years before I saw her. As the pelvic pain was of indefinite origin, the pyosalpinx was probably of ancient date, whereas the diabetic symptoms were recent. Still, there remained the possibility that removal of the suppurating tubes might cure the disease. There was a further argument: the younger the person, the less hope of ultimate recovery from diabetes. "The development and exercise of the sexual functions," says Dr. Wm. Roberts (*Renal Diseases*, 4th ed., p. 256), "appear to have a marked effect in increasing the liability to diabetes in both sexes; and the diminished frequency of the disease in women after the age of 45 (as compared with men) corresponds with the earlier decline of sexual activity in the female sex." And, not only is diabetes less frequent among women after 45; it is also less acute, and does not kill nearly so quickly. By induction of the menopause, it was hoped that the acute diabetes might become chronic.

Albuminuria and the Mercurial Treatment of Syphilis.

In the *Med. News*, July 19, we read that at the recent Congress of German Physicians, Fürbringer, of Jena, read a paper upon the albuminuria of syphilis with and without mercurial treatment. He found that of secondary syphilitics who before treatment were not albuminuric, eight per cent. became albuminuric during treatment. In cases of primary syphilis not treated with mercury, albuminuria occurred in twelve per cent. of cases, almost always in the stage of disappearance of roseola; with the exception of three cases, the albuminuria disappeared with the institution of mercurial treatment.

In the discussion which followed, Schuster claimed that cases of serious albuminuria due to syphilitic renal disease recover by mercurial treatment, and that there is no contra-indication to the use of mercury in these cases.

Schumacher had observed several cases of simultaneous syphilis and nephritis, and was satisfied that the nephritis preceded the syphilis and continued during the further development of syphilitic phenomena. The mercurial treatment used in these cases did not aggravate the symptoms of nephritis.

In his quite recent work on *Urinary and Renal Disorders*, Dr. Beale says, "of all the forms of chronic renal disease, those which are due to syphilis are the most likely to get well." Even in large albuminurias, with considerable and persistent dropsy, improvement may be confidently predicted, and even recovery not uncommonly takes place in the course of a few months.

The treatment in the early stages is that usual for Bright's disease—purgatives, warm baths, and hot-air baths. When the albumen is reduced to one-fifth and urine is passed freely, he recommends iodide of potassium, iodide of iron, and other preparations containing iodine. Complete recovery is often thus produced after judicious treatment is kept up steadily for two or three months.

Dr. Beale thinks that the glandular enlargements, of which the kidney is an example, in syphilis, were less common when the mercurial treatment was more in vogue, although he admits that necrosis is less frequent. There can be no doubt that the judicious combination of the alternative with tonic chalybeate treatment in syphilis, as contrasted with expectant treatment, is calculated to be most serviceable.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—An address in which the thoughts are worth attentive consideration is that of Dr. Conrad George, of Ann Arbor. His subject is "The Duty of the State Towards the Medical Profession," and he maintains that the time has come for the legislatures of this country to put a stop to the further

creation of medical colleges, and to keep them all under State patronage and State control.

—"Voice in Singers" is the title of a pamphlet by Dr. Carl H. von Klein, of Dayton, Ohio. He claims that the superiority of Italian singers is owing to the peculiar mode of training and teaching there in vogue. Being a German, we judge, he is not willing to ascribe it to the Italian language. We observe, he says, Adelina Patti was born in Spain. Philadelphians maintain that the celebrated *diva* first saw the light in Powell street, in their city. (Price 25 cents, Hann & Adair, Columbus, Ohio.)

—In a reprint from the Liverpool *Medico-Chirurgical Journal*, Mr. Reginald Harrison, F. R. C. S., describes, with eight illustrations, some changes in form of the prostate and floor of the bladder, which are liable to take place with advancing age, and which are of surgical importance.

—The Seventeenth Annual Report of the Inebriates' Home, Fort Hamilton, New York, contains the statistics for the year, and some general observations from which we learn that about one-third of the cases in such institutions are restored (permanently?).

—The Fifth Biennial Report of State Lunatic Asylum No. 2, Missouri, argues in favor of large asylum buildings, on the ground that the insane can be thus better cared for and more cheaply. The cheapness we grant, but the better treatment we very much doubt.

—The Annual Report of Births, Marriages and Deaths in the City of Providence for 1884 is prepared with customary accuracy by Dr. Edwin M. Snow. Among other interesting facts he notes the large decrease in deaths from consumption since 1855. For fifteen years previous to that date the deaths from that disease were annually 1 in 210 inhabitants; since that date only 1 in 313. Whether this marked difference is real or only apparent (arising from a different classification) is not clear.

—Dr. C. H. Hughes, editor of the *Alienist and Neurologist*, has issued in pamphlet form a number of editorials from that journal. They are on popular topics.

—The subject of cholera infantum is discussed by Dr. W. P. Watson, of Jersey City, in a pamphlet before us. In treatment he trusts rather to diet and nursing than drugs, and especially condemns opiates.

—A review of the germ theory of disease, in its relations to sanitation, is the topic of a paper

by Dr. P. C. Barker, of Morristown, N. J. It will be found a well-prepared summary of the subject.

—In an interesting reprint, Dr. A. Van der Veer, of Albany, describes Mr. Lawson Tait's method of operating for ovarian tumor, and reprints five cases of abdominal section by himself on the same plan.

BOOK NOTICES.

A Treatise on Epidemic Cholera and Allied Diseases. By A. B. Palmer, M. D., LL.D., etc. Cloth, 8vo., pp. 222. Register Publishing House, Ann Arbor, Mich. Price, \$1.00.

The extended reputation of the author, and his long experience as a teacher, practitioner and writer, will no doubt secure to this volume a considerable share of the sale of monographs on the dreaded Asiatic pest which for two summers has threatened us. Compared with the treatises on the disease heretofore noticed in these columns, Prof. Palmer's work is more extended, and his views are conservative and cautious. They are such as are endorsed by the good sense of the profession in general, and are safe. Of course, neither he nor any honest and intelligent physician pretends to cope successfully with the more malignant forms of the disease, when once they have seized upon the frame; but in measures of prevention and precaution there is a wide field for fruitful exertion, which is clearly laid down.

Inebriism, a Pathological and Psychological Study.

By T. L. Wright, M. D. 8vo., Pp. 222. Wm.

G. Hubbard, Columbus, Ohio.

This is not a calm and scientific discussion of the effects of alcoholic beverages on the human system, but a tirade against drunkenness. Even in this light, it is exaggerated and extreme in language. Much, therefore, that is good in the book will fail of its effect through the evident intolerance that mars many of its pages. There is a prevailing lack of diagnosis between alcoholism itself, and alcoholism merely as a symptom of an impaired mental condition, or an inherited or acquired neurotic dyscrasia. This is universal in popular harangues on the subject, but we have a right to look for something better in a medical treatise. Such an omission must necessarily place the work on a lower level of merit than one would wish to see it.

—One of the most prominent physicians of Indianapolis, on his return from a summer vacation of three weeks, was met by the leading undertaker, who said: "Ah, doctor, so glad to see you safe back; we have missed you so much."

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Quarterly Compendium of Med. Science, -	2.50
Reporter and Compendium. - - -	6.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - - -	7.00

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M. D.,
115 South Seventh Street,
PHILADELPHIA, PA.

THE
QUARTERLY COMPENDIUM
OF
MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the **QUARTERLY COMPENDIUM**, which we publish.

It is, in fact, a supplement to the **REPORTER**, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the **REPORTER** for the very moderate price of

ONE DOLLAR,

in advance, for the year.

Address DR. D. G. BRINTON,
115 South Seventh Street,
PHILADELPHIA.

THE CHINESE PROBLEM.

In publishing the description of Chinatown in San Francisco some weeks ago, we would not have it understood that we sympathize with the party who would strictly prevent the ingress of Mongolians into this country. Any such position is a virtual acknowledgment that Christianity, civilization, and free government are unable to cope with the social problems of the day, and must have recourse to the effete policy of seclusion and non-intercourse in order to maintain their existence in the struggle for life and the conflict of ideas. If we entertained any such belief, we should rather accept the Mongolian religions than Christianity, and their civilization than ours.

The exclusion of the Chinese from our shores is a gross violation of the letter and the spirit of that "Declaration of Independence" which we have been taught to regard as the *Magna Charta* of American liberties. That we should draw a line against the poor laborers of any race, nation, or color, is a contradiction of the fundamental doctrine of our social compact, and is a blot on our boasted position as the haven for the afflicted and down-trodden of all nations. It is prompted by no noble or exalted motive, but by a mean spirit of jealousy, or by a cowardice born of a lack of faith in the principles we profess.

That their morality is low, that they do not intend to become citizens, that they do not look upon this country as a permanent abiding place—all this may be true of the Mongolians, and we believe it is. But who are we, to make much of this mote in the eye of our neighbor, when in the center of the English-speaking race, in the greatest city of Christendom, this summer evils as bad as any in Chinatown have been unveiled, not among the debased and wretched, but among the highest, most cultured, most influential class of the community? Why chide the Mongol with his unwillingness to become a citizen, when we treat him in a manner more consonant with the narrowest policy of the dark ages than with the enlightenment of the nineteenth century.

What is the use of pretending respect any longer for our religion, if it acknowledges itself.

unable to cope, even on its own ground and with every possible human aid at its command, with the Joss worship and superstitions of Chinese immigrants? If Christian professors take any such position, abolish their dogmas, and throw away the Bible as a piece of worn-out rubbish, for it has confessed itself vanquished on a field where everything was in its own favor.

But we cannot believe that the time has come for this. Let us, therefore, each and all of us, do what may be in our power to repeal the absurd and inconsistent laws which impede Chinese immigration; let us welcome such to our shores, and have faith that Christianity and free institutions are still strong enough to strive with the outgrowths of tyranny and idolatry, and will add another glorious victory to the many recorded in the past.

A TYPICAL CASE OF CHOLERA.

Whether through the desire to gain notoriety as being the first to report a case of cholera in a given locality; whether to gain reputation for the ability to cure cholera, or whether through inability to make a differential diagnosis between Asiatic cholera and the diseases that resemble it, we do not know; but it is a fact that ever and anon the community is startled by the report from Dr. So-and-So that he has had a case of cholera. Upon examination it proves to be cholera morbus or some equally simple trouble. Just now when cholera is raging in Europe, these false rumors are not uncommon in our country. That our readers may know how to diagnose the disease when it really does come, we will report the history of the case of Asiatic cholera that occurred in the Lambeth Infirmary (England) on July 29, 1884.

A man aged 35, a porter and an inmate of the Lambeth Workhouse, was seized with violent vomiting and purging, accompanied by cramps in the abdomen and legs. He was removed to the infirmary, and on admission was found to be in a state of collapse; surface cold and clammy; skin over chest and legs blue; voice (naturally strong) brought to a whisper; pulse almost imperceptible and very

rapid; face pinched; skin over hands and fingers in wrinkles, and blue; complains of cramps in abdomen and legs; intense thirst; feels sick; tongue and breath cold. Turpentine stupes to abdomen were ordered, hot-water bottles, hot blankets, hot peppermint; ice to suck. 5 p. m.: Was purged about three times within the first hour after admission, and in the afternoon vomited a chamberful of dark fluid; has passed no urine; temperature 97°. Stimulating aromatic mixture ordered.

July 30th. 10 a. m.: Vomited three times since last report; no purging; no urine; temperature 97.4°. 6 p. m.: Vomited several times during the day; purged frequently; offensive stools, with light-colored feces; great thirst; restless; temperature 97°.

31st. 10 a. m.: Passed a quiet night; no vomiting; no purging; no urine; temperature 96°, but appears warmer; thirst not so intense. 6 p. m.: Voice very low; delirious; no vomiting, purging, or urine; temperature 97°; profuse sweating.

Aug. 1st. 5 a. m.: No purging, vomiting, or urine; temperature 97°. 8:30 a. m.: Temperature 98°; thirst not so intense. 4 p. m.: Sudden change and death took place about 6 p. m.

That this was a case of true Asiatic cholera was attested to by no less an authority than Sir James Fyner.

Of course, we may have all grades of the disease; while this man lived nearly four days after the onslaught, some will die in a couple of hours; but we can accept this case, coming from so high an authority, as a type of the disease to aid us in our differential diagnoses.

POLICE SURGEONS.

When our present Mayor entered office, he endeavored to inaugurate a corps of Police Surgeons, and went so far as to appoint the chief of the corps, who still holds the office. But Councils would not heed his request, and failed to pass the ordinance providing for the appointment of such a corps. Philadelphia is notoriously conservative, and conservatism, not carried too far, is

most commendable, but when carried to the extent that it often is in our goodly Quaker City, it savors of the ridiculous. We want and ought to have a well-paid corps of Police Surgeons, who should be liable to be called upon to attend prisoners and policemen who may be taken sick in time of duty. Army and Navy officers (who receive remuneration) are provided with gratuitous medical advice, and why should not our policemen be equally favored?

Again, and a very important *again*, is the point to be considered that every now and then we read of some poor unfortunate, who is taken to a station-house supposed to be drunk, and allowed to lie upon and toss about the hard wooden floor of a cell, when in reality he is dying from acetæmia, uræmia, apoplexy, or some coma-producing disease. Such a man requires skilled medical treatment, and the voice of humanity calls out in clarion tones that he shall receive it; his life is in the balance, and a skilled hand is required to turn the scale in his favor. The lectures that have been given to the police on "first aid to the wounded" are very good so far as they go, but they go not far enough; they educate the police into their duties in the emergencies of accidents, strictly so called, but it requires the trained eye and experienced mind of the physician (and a good one at that) to detect the true nature of a comatose condition. If one or two of our influential Councilmen were to fall on the street with uræmic coma, and being arrested for drunkenness, be allowed to batter about a cell for a day or so, we might hope for a well-paid corps of police surgeons.

THE INTERNATIONAL CONGRESS CONTROVERSY.

"These be bitter words, Captain."—*Mrs. Quickly.*

In a long observation of medical controversies, we think we have never read more bitter and personal diatribes than have appeared with reference to the projected International Congress in this country. No matter what the provocation, there can be no excuse for such scandalous abuse.

The case appears to us to lie in a nutshell.

In 1884, the American Medical Association appointed a committee of seven members to make arrangements for the International meeting in this country. This committee went to work with energy, and in accordance with the views entertained by its majority, as to the most fitting scheme for the Congress and its sections. To aid in the work, it appointed a number of sub-committees in different parts of the United States. When the meeting of the Association was held in New Orleans this year, the committee, as in duty bound, handed up a report of its action. This report was submitted, but did not meet the approval of the majority of the Association, and, therefore, the committee *was increased*, and new members appointed to complete the work.

This is the simple and, it seems to us, very insufficient cause for all the bad blood which has been stirred up. The old committee at first claimed that the Association had no power to alter it. But competent counsel, to whom the question was referred, decided that the Association had this right. It may have been, and we think it was, a hardship, and, in a certain sense, an unfair act, to the first committee to modify it, as its members were certainly led to suppose that they held plenary powers, and that the approval of the Association would be a matter of form only. But on the other hand, the Association had a perfect legal right to act as it did, and its action should have been accepted by the old committee without bitterness.

Of course, there is an inside history to this row, but it is no easy matter to get at the truth of it. On the surface, it is a quarrel between new and old code factions. The committee first appointed are accused of favoring the new code and of intending to pave the way for irregulars to be present at the International Association meeting. Of some of them this is credible, but certainly not of all.

The unseemly personalities which have been indulged in by both sides are especially to be regretted as the literature of the quarrel will be sure to come to the notice of foreign editors and medical readers.

NOTES AND COMMENTS.

On Feeding the Sick.

A most useful paper on this subject (well worthy of a lengthy abstract) was read before the recent meeting of the British Medical Association by Dr. William Roberts. After discussing the general question of dietetics in a masterly manner, but rather from an historical standpoint, the author gives us, among a mass of valuable matter, the following peculiarly valuable points which we call:

"I have sometimes observed the existence of a low standard of health, without any very definite symptoms, which I could only attribute to a too protracted abstinence from fresh vegetables and fruit."

"The bad reputation of potatoes and pastry in regard to digestibility is chiefly due to the fact that they are often imperfectly cooked."

"The great majority of our patients are able to use ordinary diet. They consist of invalids who are suffering from various ailments of the slighter sort, or from some more serious disease, which does not interfere radically with the digestive functions. In regard to all these, I take it that (except in special cases, which I do not purpose to consider) it is a sound canon of practice to adhere to the main features of the current dietetic habits, and to avoid teasing our patients with irksome and needless restrictions for which we cannot give a clear reason."

"We must study the peculiarities and idiosyncrasies of the patient's stomach; which are as individual as their faces, and are very peremptory in regard to their likings and dislikings." Some observations on the effects of food accessories demonstrated that "The distilled spirits—brandy, whisky, and gin—were found to have but a trifling retarding effect on the digestive processes, whether salivary or peptic, in the proportions in which they are commonly used dietetically. Their obstructive effects only became apparent when used in quantities which approached intemperance."

"Wines and malt liquors were found to be highly inimical to salivary digestion, this was obviated when mixed with soda, seltzer or some effervescent table water."

"On *peptic* digestion wines have a retarding effect out of proportion to the alcohol contained in them."

"Champagne was found to have a distinctly less retarding power than an equal volume of claret or hock. This I judged to be solely due to the mechanical effects of the effervescence and liberation

of gas, whereby a more efficient stirring up of the digesting mass would be effectuated."

"Tea has an intense inhibitory effect on salivary digestion, due to the tannin in the tea leaf, and which it is impossible to eliminate in the manufacture of the beverage, since tannin is as soluble as sugar in hot water; this in effect however may be overcome by eating first and drinking the tea afterwards."

"Coffee and cocoa have only a slight effect on salivary digestion. The effects of tea, coffee, and cocoa on *peptic* digestion were found to be as nearly as possible alike for infusions of equal strength. All three exercised a retarding effect when their proportion in the digesting mixture rose above twenty per cent. These beverages should therefore be taken very moderately by persons of weak digestion. The good reputation of cocoa in regard to digestion seems to be wholly due to the fact that it is used in weaker infusions than tea and coffee. The directions for the preparation of this beverage, printed on the packets of cocoa sold in the shops, indicate a strength of about two per cent.—whereas a medium tea is usually made of a strength of four to five per cent., and a medium coffee of a strength of five to seven per cent. The strong coffee which it is customary to hand round after dinner must have a powerful retarding effect on gastric digestion, and although this practice may be salutary to robust eaters, it is not to be recommended to those of feeble peptic power."

The Diagnosis and Treatment of Tumors of the Bladder.

Such is the title of a paper read before the recent meeting of the British Medical Association by Mr. Reginald Harrison, and, as usual with all that he says, it is brimful of practicality. In order that we may arrive at a correct diagnosis, it is oftentimes necessary that we make a digital examination of the bladder, and in order that we may do so Mr. Harrison unhesitatingly gives the preference to the operation of perineal urethrotomy. Even should the examination then demonstrate the tumor to be of such a nature or in such a location that its removal could be best effected by a supra-pubic operation, there is nothing to prevent the addition of this incision, but the great advantage in thorough drainage from the perineal incision cannot be overestimated. The viscus is occasionally sacculated, the ureters are patent and frequently largely distended, whilst the kidneys are rarely sound where the obstruction caused by the growths has been of long continuance. Hence we have much to fear from any extension of a

suppurative process after the operation, as he has seen in two instances which have recently come under his notice. One of the best safeguards against a contingency such as this, is thorough drainage, and this he thinks can best be secured through an opening in the perineum.

When, after the bladder had been opened and explored, it seems practicable to remove the tumor, this should be effected as completely as possible; to take away a portion of it is to leave the remainder to inflame, suppurate, and possibly to become gangrenous, thus providing a fruitful cause for pyelitis, through the largely dilated ureters. If, however, the connections of the tumor are extensive, and there is a doubt as to whether all can be got away without doing serious damage to the bladder itself, he feels sure that we had better content ourselves with the opening, which may under all circumstances be safely made, and the drainage that this opening with a suitable apparatus will provide. The lesser proceeding has in many instances proved the means of arresting hemorrhage, and of adding materially to the comfort, as well as to the life of the patient, even where it has been found impossible either to remove the tumor, or with safety to reduce its size.

In the case of an epithelioma of the bladder, to attempt its extirpation is obviously out of the question; to explore it with the finger, and to feel so far satisfied, and at the same time to give the patient an opportunity of emptying his bladder completely by means of a short and open road so long as he lives, is legitimate; nay, further, experience has already sufficiently shown that there is no better way of controlling the considerable bleeding which nearly always attends these cases, than by providing the means of permanently maintaining the bladder in a condition of more or less contraction.

Diet for the Sick.

In speaking of milk as a diet for the sick, Dr. William Roberts (before the *Brit. Med. Ass.*) says that not infrequently the stomach is not able to digest the milk and we have curds passing from the bowels; here he recommends peptonizing the milk by means of pancreatic extracts. The bitter flavor of peptonized milk is, however, nauseous to many invalids, and you cannot fully peptonize milk without developing this unpleasant flavor. One of the best means of covering the taste of peptonized milk is to add coffee to it. Another device, which may sometimes be adopted with advantage, is to add the pancreatic extract to cold or iced milk. In the cold the action of the

ferment is comparatively slow, and it takes some hours to produce an appreciable change of flavor. But as soon as milk, thus charged with the ferment, is swallowed and passes into the warm atmosphere of the stomach, it is rapidly digested.

A new preparation consisting of the pancreatic enzymes in a highly purified state under the form of a light, nearly white powder, is absolutely free from taste and smell. Combating again the popular and erroneous idea of the nutritive value of beef tea, Dr. Roberts says: "Beef tea and its congeners, however, take rank as restoratives and stimulants rather than as nutrients. They contain no albuminous matter in solution, and the small quantity of gelatin contained in them cannot be of much account. There is a widespread misapprehension among the public in regard to the nutritive value of beef-tea. The notion prevails that the nourishing qualities of the meat pass into the decoction, and that the dry, hard remnant of meat-fibre which remains undissolved is exhausted of its nutritive properties; and this latter is often given to the cat or dog, or even, as I have known, thrown away as useless rubbish into the midden. A deplorable amount of waste arises from the prevalence of this erroneous notion in the households of many who can ill afford it. The proteid matter of meat is, as you know, quite insoluble in boiling water, or in water heated above 160° F. The ingredients that pass into solution are the sapid extractives and salines of the meat, and nothing more, except some trifling amount of gelatin. The meat remnant, on the other hand, contains the real nutriment of the meat—and if this be beaten to a paste with a spoon, or pounded in a mortar, and duly flavored with salt and other condiments, it constitutes not only a highly nourishing and agreeable, but also an exceedingly digestible form of food.*

Speaking of cold made meat infusions, he says: "Infusions made from minced meat with half its weight of water, and allowed to stand for two hours, and then pressed through cloth, were found on analysis to contain over four per cent. of dry albumen. This amount of proteid is equivalent to that contained in cow's milk. The nutritive value of such infusions is, therefore, very high. When heated to the boiling-point they coagulate into a solid jelly. Made from beef or mutton, the product has an unpleasant bloody appearance;

* These remarks on beef-tea apply equally to Liebig's Extract of Meat, Brand's Essence of Beef, and Valentine's Meat Juice—all of which are devoid of albuminous constituents.

but when made from veal, the coloration is much paler. The best preparation, however, is made from the meat off the breast of a chicken."

While cooked eggs are more digestible than raw ones, yet when the stomach is weak and unable to digest solid food, beaten-up eggs pass through the duodenum without being meddled with, and are slowly digested in their passage down the intestine.

Anæsthesia Through Cauterization.

Dr. Jules Guerin (*Gaz. des Hopiteaux*, 47,) says that chloroform narcosis, in spite of all caution, carries with it a certain amount of danger. On this account the author has endeavored to find an anæsthetic which does not, as chloroform and similar anæsthetics, act on the whole system, but only anæsthetize that part alone which is to be operated upon. He reported the following case;

A lady, æt. 60 years, who had a swelling in the right breast for 7 to 8 years, was sent to Guerin for an operation. Examination showed the presence of an undoubted carcinoma of the right mammary gland, which was grown to the skin, but which on the under part was still freely movable. No carcinomatous glands were to be felt in the axillary region. The general condition of the patient was lowered by a long continued bronchitis, with strong cough and expectoration. Besides this, the heart's action was very irregular. To exclude his patient from the danger attendant upon chloroform, the author did as follows: At a distance of four-fifths of an inch from the carcinoma he applied a layer of Vienna paste; after fifteen minutes the pain had completely discontinued. Five minutes later the paste was removed, and a dark ring was seen where it laid, encircling the tumor. By means of a fine platinum wire which Guerin had drawn through under the tumor by means of the sound, it was drawn outward. The doctor then cut the soft parts through in the line of the cauterization, without blood or pain. Then the whole base of the mammary gland was removed by means of fingers and scissors. The whole operation continued only ten minutes, and the patient lost scarcely two to three spoonfuls of blood. It was necessary to ligate but one artery.

The repair took place in a favorable manner, and the bronchitis improved. The scab from the cauterization, which fell off after three weeks, formed a protection against the absorption of septic material.

To what extent this "caustic anæsthesia" will supplant chloroform in severe cases, must be left,

as the author said, till we have had more experience.

The Treatment of Cholera.

Though we are probably spared from this frightful disease (that has killed some 75,000 persons in Spain this summer and paralyzed business) yet it is rather more than likely that we will have it next summer unless our sanitary authorities are extremely vigilant. Hence it is well to gather together all that is reliable in reference to treatment. Dr. John H. Trader, of Sedalia, Mo., tells us through the *St. Louis Courier of Med*, July, that some ten years ago they had in their neighborhood a few cases of what appeared to be genuine Asiatic cholera, (though most likely it was not, as it was limited to a few cases,) yet it was so pronounced by Dr. T. J. Montgomery, who had passed through several epidemics of the genuine disease. Dr. T. had made up his mind that the best way to treat the disease was by hypodermic medication, so he provided a mixture of chloroform and glycerine and one of carbolic acid and glycerine. To the first patient to whom he was called he gave by a mistake the carbolic acid; the patient told him he had killed her, went off into a sound sleep, awoke after five or six hours much better, and next day was well. Since then Dr. T. has extensively used the following:

R. Glycerole of carbolic acid,
Glycerole of chloroform,
Tinct. opii,
Tinct. matico,
Camphor water,
Aqua menth. pip.,
Aqua menth. virid.,

3j. M.

Of this mixture he gives about 15 to 20 drops every five to ten minutes in hot water until relief is obtained. He says that he was not, and is not now, disappointed in the power of this combination. He rarely ever fails to arrest disturbance of the stomach or vomiting depending upon disordered stomach, especially where the element of fermentation is present.

A New Method of Testing for Albumen.

Mr. G. P. Best describes in the *Brit. Med. Jour.*, June, 1885, an ingenious plan for testing urine. He dips a glass syringe into the chamber-utensil and draws up a small quantity of the urine, and then, inserting the nozzle of the syringe into nitric acid, sucks in a drop or two of that fluid; the well known hazy line at the touching point of these two fluids indicates the presence of albumen.

CORRESPONDENCE.

Why the Dram-Drinker's Nose is Red.

EDS. MED. AND SURG. REPORTER:—

It may be reasonably supposed that when the dram-drinker looks upon his face in the mirror, and sees that his nose is red, he would be anxious to know the exact cause of such a condition, and why the more alcohol he drinks, the greater becomes the redness; and also, why angry looking bumps, after awhile, make their appearance on the end and sides of the nose? It may not be out of place to tell him, in a commonplace way, the cause; for he is but little aware, as he looks at his nose, that, as it is reddened and congested by an unnatural supply of blood, so all the respective organs of his body are kept in a state of unnatural redness and congestion by the habitual use of alcohol. If he could see his brain, stomach, liver, lungs, heart and kidneys, in his mirror, as he sees his nose, he would find each of those organs in precisely the same condition as that presented by his nose; and this congestion of the vital organs explains to him the uncomfortable manner in which their functions are performed.

THE SYMPTOMS.

When in perfect health, the functions of the organs of the body are so quietly performed, that a man forgets he has lungs and heart. In fact, his general condition is so good, that he never thinks about his internal organs; but this is not so with the habitual drinker of alcoholic compounds. The alcohol which he drinks, keeps his organs in the same reddened and congested condition as his nose, and he is always complaining that his head aches, or feels hot, foolish and confused, that he does not sleep well, and has startings and jerkings of his limbs in his sleep; his appetite is capricious, his kidneys do not act well, and he has pains in his limbs and back, or his heart feels uneasy and has spells of palpitation, and his lungs do not perform their duty in a manner to make him feel at ease. He is nervous, tremulous, and easily startled; his liver is disordered, he has a bad taste in his mouth, and his tongue is coated with a thick white fur, accompanied by feverish and thirsty sensations about his throat. When the dram-drinker presents or complains of these symptoms, he may, without the slightest mistake, conclude that the alcohol has irritated his whole system, and that every organ of his body is in the same reddened and unnatural condition as that presented by his nose.

THE EXPLANATION.

The heart is a double organ, constituting with the body a force-pump, the duty of which is to receive two streams of blood, and to act upon them in a manner which necessitates the duty of sending two streams of blood in different directions. It has, likewise, two sets of vessels. The duty of one set of vessels is to carry the blood from the heart throughout the entire body, while the duty of the other set of vessels is to carry the blood back from the entire body to the heart to be sent to the lungs to meet with the air, by which it is purified. This explains how it is that the

dram-drinker's breath always smells of alcohol. The alcohol when taken into the stomach passes in a pure state into the blood; and when the blood, thus mixed with alcohol, is sent by the action of the heart to the lungs, the alcohol is there taken up by the air in the lungs, and breathed out on the air by the act of breathing. Sometimes the breath is so loaded with alcohol, that the breath, as it escapes, will appear luminous, and can be plainly seen to be luminous when the long-practiced dram drinker breathes in the dark.

HOW THE ORGANS ARE DISEASED.

The vessels which carry the blood from the heart throughout the body, are called *arteries*. Those that bring it back to the heart, are called *veins*. The veins collect the blood from the organs and remote parts of the body, as rapidly as the arteries send the blood to such organs and remote parts of the body. If the heart therefore sends the blood to the different organs and parts of the body more rapidly than the veins can collect it, then more work is put upon the veins than they can perform, and the result is, a stagnation or congestion of the amount of blood sent in excess by the arteries for the veins to gather. Hence, as the dram-drinker's heart beats about thirteen times oftener in the minute than the heart of one who does not drink alcohol, the arteries in consequence of the increased action of the heart carry the blood to the dram-drinker's nose more rapidly than the veins carry it back, and the blood remains congested in the over-filled vessels, and gives the nose, face and neck of the dram-drinker an habitual redness. So stagnant is the blood thus congested in the over-filled vessels, that when the nose, face and neck of the dram-drinker suddenly meet a current of cold air, they immediately turn purple, and retain the hue until the warm air again restores them to their unhealthy redness. The blood thus stagnant in the dram-drinker's nose, not only causes its redness, but produces disease of the skin, and this disease of the skin causes red pimples to sprout out. In medicine, these pimples are known as *acne*, but in common language they are called *grog blossoms*, and these grog-blossoms never get well so long as the continuous use of alcoholic compounds is kept up.

THE INEVITABLE RESULT.

It is a medical fact, that as the influence of alcohol reddens the dram-drinker's nose, and changes its appearance, so the alcohol reddens and changes the appearance of every organ of the body; and as the nose thus affected is not either in a natural or healthy condition, so every organ of his body, like his nose, is changed from a natural and healthy condition to an unnatural and diseased condition; and as the skin of the nose takes on unhealthy action, so the substance and covering of the internal organs take on diseased action, which results in a short time in the full development of incurable diseases, such as insanity of the brain, diseases of the heart, Bright's disease of the kidneys, hob-nail liver, and slow inflammation of the stomach. All these diseases exist at the same time in the dram-drinker; but the organ most diseased is apt to take the lead in the process of morbid action; and the other organs

being also in a state of advanced disease, the law of destruction soon asserts its power, and the dram-drinker passes anon from untimely disease into a premature grave.

J. B. JOHNSON, M. D.,
922 New York Ave., Washington, D. C.

NEWS AND MISCELLANY.

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ., OF NEW YORK.

A Farm for Lunatics.

The Legislature of New York some two years since authorized the purchase of a farm where the harmless lunatics now confined in the public institutions of New York City could be employed in light occupations. The Commissioners of Charities and Correction for a year and a half have been attempting to put this humane law into effect, and have made four different selections of tracts of land. In each case, however, the counsel to the corporation found some flaws in the titles, and advised that the purchase be not completed. The last selection made has a good title, so Mr. Lacombe reports, and the matter will at once be closed. The farm consists of about 900 acres, and is situated on Long Island, forty-three miles from New York. The tract consists of wild land, unimproved, but well watered and timbered. Next year the work of clearing the land and erecting buildings will be begun. The Commissioners of Charities and Correction have under their control more than five hundred harmless lunatics, who will all be benefited to some extent by light outdoor employment. The male lunatics will be employed as woodchoppers, ploughmen, and general farm hands, while the women will manage the dairy and poultry yards. Vegetables, butter, eggs and milk will be produced, it is expected at lower prices than are now paid for such supplies at the public institutions.

A Contract for Services in Settling with a Railroad Company.

The Michigan Supreme Court has just decided that it is contrary to sound public policy for a physician to agree with a patient injured in a railroad accident to accompany him to the officers of the railroad, explain the injury and its probable effects, receiving for compensation a sum graded according to the amount paid by the railroad company. The ground of the decision was that the physician was accepted by the railroad company as an impartial man, and they were to abide by his decision, and this being the case, a secret agreement which would give to the physician a higher compensation if he secured a larger sum from the company was so likely to render him biased that the agreement could not be held valid.

The court says that "such secret agreements by persons putting themselves in positions of confidence, come within recognized prohibitory rules as tending to defraud."

Injunctions Against the Adulteration of Food.

The remedy against adulteration of food pro-

ducts in New York lies more in an ordinary suit for damages than in the issuing of an injunction against the sale of the harmful articles. The latter is the easier and the quicker method, and is frequently applied for; but the courts generally refuse to grant it unless it appears that an injunction is necessary to "prevent irreparable mischief and also to suppress offensive and vexatious litigation." The rule is stated to be in one case as follows: "It is not every violation of the rights of another which may be ranked under the general head of nuisance which will authorize the interposition of this court by means of an injunction. It must be a case of strong and imperious necessity, or the right must have been previously established at law, or it must have been long enjoyed without interruption." There seems to be no certain criterion to go by, but the courts in each instance that comes before them, will judge whether the danger from the adulterated articles requires the summary process of injunction.

The Michigan Law for Ante-Mortem Probate of Wills.

The Michigan Supreme Court has recently declared that a statute which provides for the probate of a person's will before his death is inoperative and void. This statute attracted considerable attention at the time of its passage, as it was expected that it would have a tendency to prevent vexatious and expensive will contests, and similar bills were presented to the Legislatures of other States, but we believe were not passed. The effect of the law in Michigan has been, it is said, to be what was hoped for, but nevertheless the Courts have declared it unconstitutional and void by reasoning which it is hard to meet. The main ground of the decision is that the law permits relatives to appear and contest an *ante-mortem* will, who could have no rights at all until after the testator's death, and also puts them in a position of antagonism to him when they are supposed merely to represent him. It is also said with much force that the machinery of the law is set in motion to establish a will which the testator can an hour after destroy by executing another will, or which would be wholly inoperative by the death of the beneficiaries. The Court considers that the probate of a will before death does not come within the recognized judicial power of any tribunal, and that the law allowing it must be void. No will can be probated except as a help to administer the estate, and there is no estate until the testator dies.

Microbes in Sewage Irrigation.

The *Popular Science News*, August, 1885, refers to a curious experiment, shown a year or two ago, in which a long glass tube was filled with earth, and sewage poured in at the upper end. If the tube was long enough, perhaps six or eight feet, the liquid issued from the bottom clear and pure; its dissolved and suspended organic matters having been oxidized by the soil. If, however, before pouring in the sewage, a little dilute chloroform was allowed to filter through the earth, sewage subsequently applied passed through the tube without change; the oxidizing action of the soil being completely suspended. After some hours

or days, the soil regained its oxidizing quality. This experiment was believed to show that the oxidation of organic matters in sewage was something more than a chemical reaction, and that it depended, at least to a certain extent, on the presence of small living organisms, whose activity could be temporarily suspended by an anæsthetic, and with it the oxidation of the sewage. This theory has now been confirmed by additional observations; and the little creature which converts into fixed and harmless salts the putrefying impurities of such sewage as it can reach, is believed to be a micrococcus somewhat resembling the yeast-plant. Many and varied tests have been made to determine the conditions under which the disinfecting microbe lives and acts, and a good deal has been learned about its habits. It is found that it flourishes best, and is most efficient, at a temperature of about 98° F., nearly the temperature of the blood. At higher or lower temperatures its action becomes more feeble, and ceases altogether near the freezing point, or above one hundred and thirty degrees. Experiments to show its distribution in a clay soil prove that it is most abundant in the upper six inches, but is found to a depth of a foot and a half. Below that depth it cannot live, and soil taken more than eighteen inches below the surface has hitherto always failed to induce any change in nitrogenous solutions to which it was applied. These experiments cast a great deal of light upon many questions of sewage disposal by subsoil or surface irrigation; and further tests, made with some reference to this, would be easily made and extremely valuable. It is found, for instance, that nitrogenous solutions, in order to be acted upon by the oxidizing ferment, must be alkaline; acid liquids remaining unaffected. This observation shows at once that, where sewage is to be purified by irrigation, chemical wastes must be kept out of the drains. Normal house sewage is generally slightly alkaline, and in good condition for conversion; but the admission of the acid or poisonous wastes from a dye house, metal-working shop, or manufactory of any other kind, might render the sewage of a whole town incapable of purification.

Women Doctors in India.

Professor Rachel Bodley, Dean of the Woman's Medical College of Pennsylvania, has received a letter from Dr. Anna J. Noburn, a graduate of the class of 1882, who is now in India, asking her to send "medical women" to that country.

Dr. Noburn, writing from Simla, India, says that the women can act as missionaries and work for a specified salary, and adds:

"I went yesterday, at the request of Lady Dufferin, the wife of our new Viceroy, to talk over plans for establishing dispensaries and training schools for native women all over India.

"The idea was suggested to her first by the Queen, before she left England, and now she is making an effort to carry the idea out. Her plan is to raise a fund in India, from whatever sources she can, and from this support the work.

"I am not able to say what salary could be guaranteed, but it would probably be equal, all things considered, to what an ordinary doctor

would make at home, and then it would be an assured income, which, of course, is an advantage. Lady Dufferin says that she herself would prefer those who would come as missionaries, but that some object. I told her, what persons of more experience than myself say is true, that the natives will choose the missionary physicians in preference to the others.

"A new hospital has just been opened in this place (Simla), and the surgeon in charge is anxious to get a lady doctor to take charge of the woman's ward, and one who can train classes of native women for midwives. He is willing to give \$80 per month and a house, and as living in India is cheaper than at home, this sum is equal to a little more than \$1,000 per year.

"What can the Women's Medical College of Pennsylvania do for India? There will be little trouble, I think, in raising the money needed, for the natives of India are anxious to have their women treated by women. If people at home had a better idea of what India is like, I am sure they would be much more willing to come. I must say that I prefer this land, in many respects, to my own native Ohio, and believe that the work of a doctor is on the whole easier here than there, for those suited to this climate, as I seem to be.

"In this connection I would say, that only those graduates who are especially well fitted to be doctors should be sent to India, as the English doctors here scrutinize them most closely. To begin with, they think our system of medical education superficial—that we turn out doctors too rapidly. Whenever I have an opportunity, I make as good a defense as possible, but, at the same time, I do not think Americans are in too much of a hurry. I believe, however, that our doctors, as a class, do their work more conscientiously than the majority of those one finds in India."

Electricity and Hygiene.

The Paris correspondent of an English exchange tell us that M. Gariel, in a lecture given at the Normandy Société d'Hygiène, has treated the question of electricity and hygiene. The connection between these two subjects is rarely realized. It is generally known that electroplating replaces gilding and silvering with mercury; but, beyond this, little is known of the hygienic importance of electricity. The first example cited by M. Gariel is the electric sifting machine, better known in America than in England. The jerking movements formerly given to the sifter, in order to separate the flour from the bran, diffused among the surrounding atmosphere fine dust, inimical to health; it caused disturbance of the respiratory organs. Electricity is also of inestimable value as a life-saver in mines. Formerly, numbers of miners lost their lives because, when their fuse burned too quickly, they had not time to seek safety before it exploded; or, if it burned too slowly, believing it had gone out, and approaching to place another fuse, they lost their lives. Electricity induces explosion at the moment desired; if it fail, the locality can be approached without danger. Part of M. Gariel's lecture treated of the application of electricity to alcohol. The alcohol extracted from the residue of beet-root after it has been used for making sugar, contains aldehydes,

which are both unpalatable and dangerous to health. MM. Maudin and Schneider have constructed an electric instrument, which adds a sufficient number of molecules of hydrogen to these alcohols, so that by distillation, all alcohols may be obtained free from such dangerous substances. M. Gariel also referred to the application of electrical currents for the prevention of deposits in boilers; and for warming the atmosphere, a method especially desirable for confined areas, such as railway-carriages. He also touched on the benefit to public health that would result from the use of the electric light. M. Gariel terminated his lecture by a few words concerning the influence of electricity on living beings. He believes that it must be extremely beneficial, but admits that its effects are all but unknown. Experiments on plants have given definite results, but are somewhat contradictory. M. Gariel's lecture is published at length in the May number of the *Revue Scientifique*.

A Cow-boy's Bill of Fare.

One is accustomed to associate the idea of the out-door life led by cow-boys with the most robust health. That their strength and toughness is due more to their constant inhalation of pure air and their comparative freedom from the temptations of civilization than to the variety and delicacy of their food, the following menu will amply testify. When their day's ride is over, they gather a few sotol sticks and make a fire. Filling the coffee-pot with water from which the horses have drank and in which the cattle have waded, it is put on to boil. Cow-boys must have hot bread three times daily; so they cut off a few slices of bacon, put them in a skillet and fry them. The meat is then picked out, leaving the hot grease, to which they add a little water, put in flour, some baking soda, and a little salt. This mess is stirred up till it becomes doughy. Then they take it out and play with it while a little with their hands. It is finally put back into the skillet, the cover put on, and fire is placed above, below, and around it. In a few moments the bread is baked or fried. Coffee, bacon, and bread; bacon, bread, and coffee; bread, bacon, and coffee, makes up the cow-boy's daily bill-of-fare, until he strikes some settlement, when fire-water is added to the list.

The American Rhinological Association.

We are requested to announce that the third annual meeting of the American Rhinological Association will be held at Lexington, Ky., October 6, 1885. Papers and discussion will be devoted exclusively to the diseases of the nasal passages and their sequences.

OFFICERS FOR 1885.

President—P. W. Logan, M. D., Knoxville, Tenn.
First Vice President—A. DeVilbiss, M. D., Toledo, Ohio.

Second Vice President—J. A. Stucky, M. D., Lexington, Ky.

Recording Secretary—C. A. Sims, M. D., St. Joseph, Mo.

Librarian—N. R. Gordon, M. D., Springfield, Ill.
Council—J. G. Carpenter, M. D., Stanford, Ky.; H. Jerard, M. D., East Lynne, Mo.; H. Christo-

pher, M. D., St. Joseph, Mo.; E. F. Henderson, M. D., Los Angeles, Cal.

Information concerning the full programme, membership, papers, attendance, etc., may be learned from any one of the above officers of the Association.

Pennsylvania and Maryland Union Medical Association.

The Eighth Annual Reunion of the Pennsylvania and Maryland Union Medical Association was held August 27th, at York Furnace, on the Susquehanna river. Over a hundred physicians were present. They were from York, Dauphin, Chester, Lancaster and Delaware counties, Philadelphia, and Harford and Cecil counties, Maryland. Drs. Levis and Bair represented Philadelphia. The meeting was called to order by Dr. W. S. Roland, of York, President of the Society, who delivered the address. His subject was "The Social Relations of the Profession." The following officers for the ensuing year were elected: President, Dr. R. C. Broomell, Port Deposit, Md.; Vice Presidents, Drs. J. M. Deaver, Buck, Lancaster county, and G. S. Dare, Rising Sun, Md.; Secretary and Treasurer, Dr. S. J. Rouse, York; Executive Committee, Drs. Craig, Columbia; Houston, Collamer, Chester county; Virden, Lahadam, Md.; Milner, Delaware county; Bair, Philadelphia. It was decided to meet at this place again next year. After the meeting those present partook of dinner at Urey's Hotel.

The Veterinary Hospital of the University.

The hospital of the Veterinary Department at the University of Pennsylvania, in the new buildings at Thirty-sixth and Pine streets, was opened for the reception of sick and injured animals on Tuesday last. A circular letter from Dr. Huidekoper gives the rates for their board: For horses and mules the price is one dollar a day; for donkeys, cattle, sheep, and dogs, fifty cents a day; and for cats, birds, and small pet animals, twenty-five cents a day. Animals belonging to indigent and deserving persons will be treated without charge, and when taken into the hospital will pay board only. A blacksmith shop and competent farriers are attached to the hospital for shoeing lame horses, under the direction of the medical staff. The animals will be under the care of the veterinarians Dr. Huidekoper and Dr. Zuill.

Contributions are requested to the museum of the Veterinary Department, in the shape of diseased animals or monstrosities. The jaws, with teeth, of any animal—horse, cattle, sheep, dog, or hog—whose absolute age is known, and the entire heads of prize-winners and race-horses, will all be particularly acceptable.

Boston's Water Supply.

Since misery loves company, it is something of a gratification to Philadelphians who are compelled to drink Schuylkill water, to learn that Boston is in an equally sad plight. We learn that the publication recently of a report by medical experts who were appointed recently by the mayor to examine the sources of the city's water supply with reference to its purity, has caused a

great deal of excitement. This first report covers in detail only the Mystic system of supply, which furnishes water to about 150,000 persons, but it is intimated that disclosures equally bad will be made concerning the Cochituate system, which supplies the rest of the city.

It appears from the report which is made to the mayor that the banks of the ponds and streams of the Mystic system are lined with tanneries and other manufactories, the refuse from which is poured directly into the water, and that in some of the tributaries there is such an accumulation of filth that it can be taken up by the handful. The mayor has asked the new water board to act immediately, and it has promised so to do.

The Traction Conduits.

We have already noted that the Board of Health has declared the conduits of the Traction Company in this city a nuisance, prejudicial to health. The medical inspector of the Board has made an examination of these conduits, and reports as follows:

"The existing arrangements and constructions of the Traction Company, Market Street Line, was perhaps as good as any that can be devised, if properly attended to. It is necessary that the conduit should be kept clean in order that the cable may move freely. In order that the grip may take hold securely, it is necessary to pass the cable continually through a bath of tar and the residuum from the distillation of petroleum.

"By this means the conduit is kept deodorized, if not partially disinfected. To make the cleaning more thorough, the conduits should be flushed at least once a week."

Pierced by an Iron Rod.

Henry Sutton, a little more than two weeks ago, while engaged in agitating an oil well, attached an iron rod, known as the polish rod, to the sand pump line and lowered it to the bottom of the well. A sudden rush of gas threw the rod from the well and about thirty feet into the air, and in falling it struck Sutton on the right side of the neck, came out on the side below the breastbone, entered again at the hip, and emerged from the flesh at the knee. The vital organs were not penetrated, but it was thought there was very little hope of his recovery. In spite of this Sutton has continued to improve, and will most likely get well. The rod which passed through Sutton was three-quarters of an inch in diameter.

Injured by an Elephant.

One of the big elephants broke loose from his moorings in a circus tent in this city last Monday. Before he could be secured, he seized one of the employees with his trunk and viciously hurled him a long distance, injuring him severely. He was conveyed to the Pennsylvania Hospital—the man, not the elephant.

An Epidemic Among the Babies.

Advices from Mahanoy Plane, Pa., under date of August 29, state that almost every day new cases of cholera infantum are reported at Frackville.

Several deaths have occurred. It is feared it will become an epidemic. Seven deaths have resulted from this cause the last two weeks.

A Druggist's Fatal Mistake.

Last Monday, in Hoboken, N. J., a physician ordered some powders, containing each ten grains of quinine, for two young ladies, to one of whom he was engaged to be married. By mistake the druggist put up morphia instead of quinine. One powder was taken by each of the girls, with fatal results.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended August 22, 1885.

Bailhache, P. H., surgeon. Granted thirty days leave of absence, August 15, 1885. Chairman of board to examine candidates for appointment as Cadet in the Revenue Marine Service, August 19, 1885.

Irwin, Fairfax, Passed Assistant Surgeon. Recorder of Board, August 19, 1885.

Compressed Tablets for Hypodermic Use.

The difficulty of adjusting with nicety the amount of active drug for hypodermic injection is neatly overcome by the employment of the "Soluble Compressed Hypodermic Tablets," advertised by Messrs. John Wyeth & Bro. They are prepared of a variety of ingredients, such as are most usually required in practice, and put up in small glass tubes. They simply require to be dissolved, and thus the physician can with no trouble have at hand a permanent form of exactly measured agents for his purpose.

A Rum-Crazed Man's Freak.

A well-to-do farmer, living near Weisburg, Dearborn county, Indiana, while in a condition bordering on delirium tremens recently, piled the bedding and furniture on the floor in his room, set fire to it, and then mounting a chair on a table in the middle of the room, and arming himself with a shotgun, bade defiance to his imaginary tormentors. When the neighbors rescued him his eyes were burned, and he was otherwise so badly burned that he cannot live. The house and its contents, worth \$3,000, were destroyed.

Precautions Against Small-Pox.

We are pleased to learn that Drs. H. R. Mills, Myron Northing, John J. Mulheron, and Fitzhugh Edwards, have been selected for temporary duty at Port Huron and Detroit, Michigan, under directions from the Marine Hospital Bureau, to aid the State authorities in preventing the introduction and spread of contagious diseases from Canada. This action was taken by the Acting Secretary of the Treasury at the request of the Governor of Michigan.

The Rooks and Cholera.

The peasantry of South Germany have been thrown into a state of consternation over the sudden and inexplicable departure from the country

of the rooks which for centuries have made their abode there. The flock of rooks which nested in the spire of the Ratisbon (Bavaria) Cathedral, recently departed and have not returned. This general evacuation by the rooks is regarded by the people as heralding the approach of an epidemic of cholera.

OBITUARY NOTICES.

DR. FRANCIS ASHHURST.

Dr. Francis Ashhurst died August 17th, at his late residence, in Mount Holly, N. J., of congestion of the lungs. Dr. Ashhurst was a son of the late Lewis R. Ashhurst, and was born in this city, in January, 1842. He received the degree of Doctor of Medicine at the University of Pennsylvania, and was subsequently a resident physician at the Episcopal Hospital. Dr. Ashhurst was a member of the County Medical Society of this city, and other similar organizations. He removed about twelve years ago to Mount Holly, where he had a large and extensive practice. He was well known in Burlington county, where the family of his mother (formerly Miss Hazlehurst) have resided for over one hundred years. Dr. Ashhurst, in conjunction with his mother, founded the Burlington County Hospital at Mount Holly. It started from small beginnings, and there is now a commodious hospital building, occupied by a number of patients. It is the only hospital in the county. Dr. Samuel Ashhurst, of this city, and Mr. Richard L. Ashhurst, a member of the bar, are brothers of the deceased.

DR. D. H. GREGG.

Dr. D. H. Gregg, a wealthy citizen of King William County, Va., was found dead from apoplexy at a hotel in Richmond, on August 25th. He was in the 84th year of his age, and was a native of Boston and a graduate of Harvard. He came to Virginia when quite young. An examination of his papers brought to light a will which made various bequests, amounting to about \$50,000. A codicil leaves the residue of his estate, amounting to from \$100,000 to \$150,000, to St. Joseph's Female Orphan Catholic Institution of Richmond, the interest to be devoted to the education of female children, of Caucasian race, without regard to religion or nationality.

Items.

—In the *Boston M. and S. Jour.*, July 30, Dr. James R. Chadwick reports ten cases of pregnancy and labor, complicated with fibroids.

—The aesthetics of the sick room have received an impulse from Dr. Lawson Tait, who is said not to accept homely women as nurses for his patients.

—The Madras government, it is reported, is having cinchona extract made in large quantities for gratuitous distribution among the native population in fever-afflicted districts.

—Telegrams from Rome state that 200 persons have been poisoned through eating the ice cream sold by an ambulant vendor of Riposti in Sicily, on the occasion of a local holiday.

—The false teeth of an elderly woman living near Logan, O., became dislodged during a severe spell of coughing, a day or two ago, and slipping into her throat, choked her to death.

—The Barotte prize of 3,400 francs, awarded to the inventor of the most important and useful invention for agriculture, has been awarded to M. Pasteur.

—Senator Allen, in the *Baltimore American*, writes that he was credibly informed when in the Gulf States, that a teaspoonful of powdered alum is a certain cure for rattlesnake bite.

—Thomas White and his wife Sarah, of Brooklyn, who are possessed of the idea that they are bewitched, have been committed to an asylum as lunatics. They are the persons who kept their dead child in the rooms until decomposition set in.

—It is stated that in the German army salicylic suet is now used universally for foot-sores, sores from riding, etc., and that is found much more satisfactory than the salicylic powder which was formerly used. The salicylic suet consists of two parts of pure salicylic acid, with ninety-eight parts of the best mutton suet.

—The other day a Sanford, Fla., physician, who suspected that some one was peeping through the keyhole of his office door, investigated with a syringe of pepper sauce. He found his wife, half an hour afterward, with a bandage over her left optic, and she told him that she had been cutting wood and a chip had hit her in the eye.

—Sea-water can be rendered palatable by removing the chlorides, and Thomas Kay, President of the Stockport (Eng.) Natural History Society, says citrate of silver will do this. He says that one ounce of citrate of silver will convert half a pint of sea-water into a drinkable fluid, and a man can keep alive on it a day, or seven ounces will serve to sustain life for a week. He proposes that bottles of the citrate of silver should be secured in the life-boats of ships, and used when absolutely required.

MARRIAGES.

DOTY—BRUCE.—August 3d, 1885, in New York, at the residence of the bride's parents, Dr. Alvah Hunt Doty to Mary Thornton, daughter of Colonel Sanders D. Bruce, all of New York.

CALDWELL—MATTHEWS.—July 2d, 1885, at the residence of the bride's mother, by Rev. F. M. Hopkins, D.D., Dr. J. S. Caldwell and Miss Lillian Matthews, all of Cincinnati, O.

DEATHS.

ASHHURST.—August 17, 1885, at "Clover Hill," Mount Holly, N. J., Francis Ashhurst, M. D., aged forty-one years.

EVANS.—August 24, 1885, at Steelton, Pa., Dr. John F. Evans, of Downingtown, Pa.

FINLEY.—August 4th, 1885, at Fort Concho, Texas, Dr. Samuel Moore Finley, Acting Assistant Surgeon United States Army, oldest son of the late Surgeon-General Clement A. Finley, United States Army.

JUMP.—August 17, 1885, in the morning, at Dover, Del., Isaac Jump, M. D.

KING.—August 4th, 1885, in Washington, D. C., Dr. Hervey W. King, a well known clerk in the Navy Department for the past fifteen years.

MONTGOMERY.—August 3d, 1885, at Muncy, Pa., Hugh Montgomery, M. D., in the eighty-second year of his age.